|  |  |  |
| --- | --- | --- |
| Current date: (dd / mm / yyyyy) | : |  |
| **Personal data:** |  |  |
| First Name: | : |  |
| Initials: | : |  |
| Last name: | : |  |
| Date of birth: (dd / mm / yyyyy) | : |  |
| City and country of birth: | : |  |
| Gender | : |  |
| Nationality: | : |  |
| **Current address (parent(s / guardian):** |  |  |
| Street & House number: | :: |  |
| Postal Code / province / state: | : |  |
| City: | : |  |
| Country: | : |  |
| **Contact:** |  |  |
| Mobile phone: | : |  |
| Phone number parent (s) / guardian | : |  |
| Your e-mail address | : |  |
| E-mail address parent (s) / guardian | : |  |
| 1st emergency number (relation to resident) | : |  |
| 2nd emergency number (relation to resident) | : |  |
| **Other:** |  |  |
| University and faculty: | : |  |
| Study number (if known) | : |  |
| Comment | : |  |
| **Room preference TOP 3:** |  | **Building + Roomnumber** |
| Nr 1. |  |  |
| Nr 2. |  |  |
| Nr 3. |  |  |
| No preference |  |  |
| Preferred moving date |  |  |