## Registration Form for Language Courses at the Language Centre of Philipps University Marburg

Course-No.: 9	9	0	9	0						Т	Title:											
Family Name:																						
First Name:																						
Sex:				m	ale	<u>;</u>				]					1	er	na	le				
Date of Birth:			].																			
Street:																						
Post Code:							To	own	1:													
Telephone:																						
E-Mail:																						
Native Langua	ige	:																				
Subject / Facu	lty	/ F	ro	fes	sio	n:																
Matriculation I	No.	:																				
		Α	UT	НО	RIZ	ZAT	ΓΙΟ	N <u>(i</u>	f y	ou	ca	nn	ot :	reg	ist	er	in	per	'SC	<u>n)</u>		
I hereby give perr	nis	sio	n to	)																		
Ms / Mr																						,
to register me bindlingly for the course above.																						
 Date		••••							••••	;	 Sig		 tur	 e							 	

## Please use capital letters for better readabilty!

	e Fee of:
Bank account from	which the course fee shall be deducted:
Bank Account Holo	der:
Street:	
Post Code:	Town:
IBAN:	
BIC:	
Name of	
Bank:	
•	ou will be charged an additional bank fee in the event that your not be debited due to a fault of your own. The amount of the bank ned by your bank.
Date	Signature of Participant
the Terms and Co	kes my registration legally binding and signifies my acceptance of conditions as advertised on the Home Page of the Sprachenzen- §§ 7-9 regulating withdrawal from courses.