

Application for part time study

First application
 Follow-up application
 Submission by 15.08. or 15.02.

Study course abbreviation (for instance, B_BWL, M_Inf) _____

Matr.-No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Surname																	
First name																	
Post code / Location																	
Street																	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Telephone	(<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby apply for the recognition of the two semesters _____ / _____
 as part-time study because, for an important reason, I am not in a position to pursue the study as
 full-time study. The application may be made for a period of two consecutive semesters. For an
 already completed semester, you can apply for no more part-time study. Furthermore, you are obliged
 to inform us of the ending of the conditions for part-time studies without delay.

Basis:

- Care of a child up to 16 years old according to the provisions of § 25 Section 5 Federal Training Support Act
 (Birth certificate is included.)
- Care of a relative who is need of care according to § 14 Social Security Code XI.
 (Certificate of need for care with assignment to the care level, as well as official proof of the
- Own disability or chronic disease confirmed by the medical officer, which reduces the ability
 study to the extent that a full-time study is excluded.
 (Opinion on the disability or illness is attached.)

Master students only

- Employment of at least 15 hours per week (**max. 6 part-time semesters**)
 (Current evidence such as certificate of employment, employment contract, etc. are
- Self-employment, which corresponds to part-time work
 (Current proofs such as business registration, business plan, orders and invoices must be enclosed)

Note:

Please note the possible consequences of part-time study for the residence permit, student loans,
 child support, health insurance and the part-time job. Social insurance contributions, like all
 employees, are students who take up employment apart from part-time studies **(loss of a working
 student privilege)**. The appropriate offices provide information.

**I am aware that the university may revoke the granting of part-time study, insofar as that
 more than 35 credit points have been acquired during the academic year.**

(Place, date)
(Signature)

Authorization endorsement:

Wedel, on _____