Trier University
of Applied Sciences

HOCHSCHULE TRIER

International Student Application Form

Study Semester "Computer Science"

Period of Study

April – August 2027 (1 Semester) **Bachelor**	April – August 2027 (1 Semester) **Master**
☐	☐

Sending Institution

Name of institution: _____

Full address: _____

_____

_____

_____

_____

_____

Department coordinator (name and e-mail): _____

Institutional coordinator (name and e-mail): _____

Student's Personal Data
(To be completed by the student applying)

First name: _____

Family name: _____

Date of birth: _____

Place of birth: _____

Sex: _____

Nationality: _____

Current address: _____

_____

_____

_____

_____

_____

Telephone: _____

Facsimile: _____

E-Mail: _____

Permanent address (if different): _____

_____

_____

_____

Language Competence

	English	German
Basics	☐	☐
Good	☐	☐
Excellent	☐	☐

Employment History

Type of employment: _____
Firm/organization: _____
Period of employment: _____
Country: _____

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Period of employment: _____
Country: _____

Information about current Study

Course of study: _____
Degree (e.g. bachelor): _____

Student's signature: Date: