

Carl von Ossietzky
Universität Oldenburg
Immatrikulationsamt
Postfach 2503
26111 Oldenburg

		Tick or complete as applicable !	
1.	Personal details	Student number	<input type="text"/>
	Surname and first name	Date of birth	
	Street name and house number / postcode and town or city		
	Email Address	Telephone No	
	2. Duration and scope of part-time study		
I am applying for a part-time study			
for the winter semester	<input type="text"/>	to gain	<input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% and/or
for the sommer semester	<input type="text"/>	to gain	<input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80%
of the credit points provided for in the respective examination regulations.			
3.	Student guidance		
	<input type="checkbox"/> I have agreed a study plan with the student guidance service or, in the case of a dual-subject bachelor, with both student guidance services; see confirmation on page 2		
4.	Reason for part-time study		
	<input type="checkbox"/> Professional activity	<input type="checkbox"/> Disability / illness	
	<input type="checkbox"/> Active in committees	<input type="checkbox"/> Caring for children, relatives or dependents	
	<input type="checkbox"/> Other	_____	
	5.		
Town/City and date		Signature	

