

Carl von Ossietzky Universität Oldenburg Immatrikulationsamt

26111 Oldenburg

| | | Fick or complete as applicable ! | | | | |
|----|--|--|--|--|--|--|
| 1. | Personal details | Student number | | | | |
| | | | | | | |
| | | | | | | |
| | 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 to gain 40% | ☐ 50% | | | | |
| | | | | | | |
| | for the sommer to gain 40% | □ 50% □ 60% □ 70% □ 80% | | | | |
| | of the credit points provided for in the respective examination regulations. | | | | | |
| 3. | Student guidance | | | | | |
| | 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 | | | | | |
| 4. | Professional activity | Disability / illness | | | | |
| | Active in committees | Caring for children, relatives or dependents | | | | |
| | | | | | | |
| | Other | | | | | |
| 5. | | | | | | |
| | | | | | | |
| | Town/City and date Signature | | | | | |

Information on applying for a part-time study

An application for part-time study can be made within the re-registration periods (15/01 - 15/02. - 01/07 - 31/07) for the duration of one or two semesters. The standard period of study will be extended correspondingly and doubled at most. Part-time study will be revoked if the credits points applied for are exceeded.

The long-term study fees are reduced for part-time studies in proportion to credit points applied for. If more credit points are obtained than expected, the full study fees must be paid. The semester contributions will not be reduced.

We would advise you to enquire about the implications of studying part time at the relevant organizations: \rightarrow BAföG (student financing), Kindergeld (child benefit), Krankenkasse (health insurance)

| Confirmation of study plan | | | | | | | |
|--|-------------------|------|-----------|-------------------------|--|--|--|
| Degree programme Bachelor's programme | | | | | | | |
| Dual-subject Bachelor's programme | | | | | | | |
| Master's or Master of Ed. programme | | | | | | | |
| I will take the following course(s): | | | | | | | |
| Course number | Course title | | | Number of credit points | | | |
| | | | | | | | |
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| The above study plan has been discussed with the student. The feasibility of the study plan is hereby confirmed. | | | | | | | |
| | | | | | | | |
| Name of course guidance advisor (in | | | | | | | |
| Only to be completed in case of a Dual-subject Bachelor degree or Master of Education: | | | | | | | |
| | | | | | | | |
| Name of course guidance advisor (in | n block capitals) | Date | Signature | | | | |

https://uol.de/en/students/application/forms