

To:
Gemeinnützige Gesellschaft Albertinum e.V:
Wohnheimverwaltung
Bonhoefferweg 2
D-37075 Göttingen

Tel./Fax: +49 551 22437
Email: colalb@gmail.com

Date:

Application for acceptance at Collegium Albertinum

I hereby apply for a room at the students hall of residence Collegium Albertinum.

Surname: Given Name:

Date of birth: in:

Faculty/Subject: Year of study:

Professional aim:

Parents place of residence:

Who finances your studies?

Have you lived in a students' halls of residence before? No / Yes terms

From which date to you wish to take a room?

Which kind of room do you prefer?

For how long are you planning to stay at Collegium Albertinum?

I declare to have no contagious disease, especially tuberculosis and skin diseases.

I am ready to take part in the social life and the necessary duties (e.g. in the kitchen) and shall attend the meetings.

For any litigation about contracts based on this application the competent court is Göttingen.

Attachments:

**Curriculum Vitae
Passport picture**

Please send any letters to the following address:

Name:

Street:

Place:

Country:

Tel./Fax/e-mail:

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Place, Date:

Signature: