

## **VISITING STUDENTS: APPLICATION TO COURSES**

## **2019 - 2020 AUTUMN SEMESTER**

Last name:	First name:	
	Date of birth:	
Tel.:	Cell phone:	
E-mail:		
•	olled in a:   Swiss Public Univer opy of your student card)	sity   Other
Name of the University: Dept:		Dept:
Immatriculation Nr:Programme:		
University Diploma obtained and date:		
Choice of cou	rse(s) up to a maximum of 12 credits	for the entire duration of the
Course Code	Course Title	Name of professor
	F 2500 per course. red in a Swiss public university are exemp	oted from tuition fees.
Monday, 23 Sep Course registrat	on form must be handed in to the otember 2019 along with a copy of your ion will be subject to availability. If no plemail on Wednesday, 25 September at	r student card. aces are available, students will
	a transcript of grade and credits obtai f the Student Services at the end of the	
•	(for official use only)	
Saisi le : Par :		
Montant de la ta	xe :	