UNIVERSITÄT TRIER

Guest Auditor | Cours Registration Form

Surname: _____ First Name: _____

is entitled to participate in the courses listed below during the
☐ Summer Semester _____ ☐ Winter Semester _____

PLUS Services of the *Language Centre / Sprachenzentrum* (maximum of two language courses)

Course No.	Course Title	Name of the Lecturer *(Surname)*	Day, Time

Courses from the regular program – *PORTA*

Course No.	Course Title	Name of the Lecturer *(Surname)*	Day, Time
12345678	EXAMPLE - Einführung in das Studium der neueren deutschen Literaturwissenschaft	Example-Müller	Di, 8:15–10:00

For further courses from the regular program, please use the second page.

_____ _____
Place, date   Signature / official stamp of the Admissions Office

E-Mail: *filz@uni-trier.de* | **Postanschrift:** Universität Trier, Studierendensekretariat, 54286 Trier

You will receive the approved **Guest Auditor Cours Registration Form** with your admission, which you can use to identify yourself in your courses and lectures.

Guest Auditor | Cours Registration Form

Surname: _____   First name: _____

Course No.	Course Title	Name of the Lecturer *(Surname)*	Day, Time

E-Mail: *filz@uni-trier.de* | **postal address:** Universität Trier, Studierendensekretariat, 54286 Trier