

**Name:**

*last name:*

**Vorname:**

*name:*

**Matrikelnummer:**

*student number:*

**E-Mail:**

*e-mail:*

**Studiengang an Heimathochschule:**

*study program at home university:*

**Studienlevel:**

*study level:*

## Kursum-/abmeldung an der Fakultät für Erziehungswissenschaft *Course changes at the Faculty of Education*

| Kursnummer<br><i>course number</i><br>(bitte keine<br>Modulnummer<br>eintragen!)<br><i>(please do not<br/>insert the module<br/>number!)</i> | Kurstitel<br><i>course title</i>                         | Zeitraum der<br>Veranstaltung     | “Anzeige im<br>Stundenplan” –<br>Nummer des<br>Modulbausteins | Neu-Anmeldung<br><i>new registration</i> | Abmeldung<br><i>dropping of course</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------|---------------------------------------------------------------|------------------------------------------|----------------------------------------|
| Beispiel:<br>41-000a                                                                                                                         | Beispiel:<br>Einführung in die<br>Erziehungswissenschaft | Montag,<br>08:00-10:00<br>Uhr     | 0a1b                                                          | <input type="checkbox"/>                 | <input checked="" type="checkbox"/>    |
| Beispiel:<br>41-000b                                                                                                                         | Beispiel:<br>Einführung in die<br>Erziehungswissenschaft | Mittwoch,<br>12:00 – 14:00<br>Uhr | 0a1b                                                          | <input checked="" type="checkbox"/>      | <input type="checkbox"/>               |
|                                                                                                                                              |                                                          |                                   |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                                          |                                   |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                                          |                                   |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                                          |                                   |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                                          |                                   |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                                          |                                   |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                                          |                                   |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |

## Kursum- /abmeldung für Kurse an anderen Fakultäten

*Course changes at other faculties*

| Kursnummer<br><i>course number</i><br>(bitte keine<br>Modulnummer<br>eintragen!)<br><i>(please do not<br/>insert the module<br/>number!)</i> | Kurstitel<br><i>course title</i> | Zeitraum der<br>Veranstaltung | “Anzeige im<br>Stundenplan” –<br>Nummer des<br>Modulbausteins | Neu-Anmeldung<br><i>new registration</i> | Abmeldung<br><i>dropping of course</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|---------------------------------------------------------------|------------------------------------------|----------------------------------------|
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |
|                                                                                                                                              |                                  |                               |                                                               | <input type="checkbox"/>                 | <input type="checkbox"/>               |