

Westfälische Wilhelms-Universität Münster  
Studierendensekretariat  
Schlossplatz 2  
48149 Münster

**Guest Student Enrolment Application Form**  
Please complete the form in block letters

Form of address	
Last name, First name	
Name at birth	
Date and place of birth	
Nationality	
Street, Postal code, City	
Country (for foreign residents)	
Phone	
Email	

**I wish to apply for enrolment as a guest student in the**

- ☐ winter semester 20\_\_\_\_/ 20\_\_\_\_
- ☐ summer semester 20\_\_\_\_\_

**I wish to apply for enrolment as a guest student for the following subjects**

- ☐ All subjects offered as part of the “Senior Guest Programme”.
- ☐ Subjects specifically offered as part of a non-restricted study programme at the WWU.

<https://www.uni-muenster.de/ZSB/studienfuehrer/>

1st subject	
2nd subject	

I hereby confirm that I have read and understood the conditions of participation for the courses I wish to audit. I shall immediately notify the Student Admissions Office should there be any changes to my name or address. I understand that guest students are not entitled to take examinations in accordance with § 52 (3) sentence 4, 1) of the Higher Education Act of the Federal State of North Rhine-Westphalia (*Hochschulgesetz*).

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)