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Application as Guest Student		
Application for Summer semester: Winter semester: Matriculation No.:	To be completed only by the Registrar! ☐ Student Id issued / sent. ☐ Payment slip submitted. ☐ Entered / confirmed. ☐ Sports health certificate.	
Name:		
First name:		
rist lidile.		
Born on: Born in:	Nationality:	
Address: Street/House No.:		
Postcode/City:		
E-Mail:		
Telephone-/Mobile-No.:		
Guest studentship is subject to charges (100.00 € per Semester). Please transfer the fee into the following account: Recipient: Deutsche Sporthochschule Köln, IBAN: DE77370205000008261400, BIC: BFSWDE33, Bank für Sozialwirtschaft Köln, Payment ref.: DSHS-06270-11950-99 Gasthoerergebuehr SS/WS, Name:		
Guest students are no regular students. You are therefore responsible for sufficient insurance cover. This and further information can also be found on the Internet at www.dshs-koeln.de . I declare that my information given here is true and complete. I hereby agree that the information necessary for the course of study can be transmitted to other institutions of the German Sport University, Cologne.		





Medical Certificate for Sports Fitness	
For taking part in sport courses	
I herewith confirm, that Mrs/Mr	
Born on, is	s fit for sports and there are no concerns regarding her/his
participation in sports courses at the German Sport University, Cologne.	
Date	Date and Stamp of Doctor