REGISTRATION FORM SPRACHPRAXIS ENGLISCH

For students who have not received a place in an obligatory course. For *IELS, Phonetics and Pronunciation, Written Expression* A + B, *Advanced Integrated Skills, Advanced Writing* (including intensive obligatory in the break)

Please fill in **all** the information requested below, using block letters. Where applicable, supply a **copy of your timetable** to show clashes.

Family Name_

First Name___

Matriculation Number

I registered but can't do the course now because of a clash	►I am registered in (course, course number, time and day)
I have just switched to Hamburg University	 ➤I have seen the Studienfachberater for Sprachpraxis about possible accreditation
I was studying abroad when registration took place	► I have seen Studienfachberater for Sprachpraxis about possible accreditation
I need to do 2 courses in the same module in one semester	► I attach proof of which semester I am in:
Other (give reason):	► (attach proof where necessary)

B. I would like to register for the following <i>course type</i> (e.g. Phonetics, Advanced Writing)				
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	1 st choice	teacher:	day(s) &time:	

1 st choice	teacher:	day(s) &time:
2 nd choice	teacher:	day(s) & time:
3 rd choice	teacher:	day(s) &time:

(This applies only to courses in the same module.)			
C. and alternatively for the <i>course type</i> : ▶			
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1. teacher:	day & time:		
2. teacher:	day & time:		

I have received/will shortly receive a Schein for the following:

I have taken the course below but did not pass:

Intro. to Eng. Lang. Studies	Intro. to Eng. Lang. Studies
Phonetics and Pronunciation	Phonetics and Pronunciation
Written Expression/Reception A	Written Expression/Reception A
Written Expression/Production B	Written Expression/Production B
Advanced Integrated Skills	Advanced Integrated Skills
Advanced Writing	Advanced Writing

What semester will you be in when you take the course for which you are registering?				
Circle the degree you are aiming for at the IA.	A: BA-Hf	BA-Nf	Other	
Address				
Telephone	E-mail (clearly	y!)		
Date	Signature			

Put this form in the letter box outside the secretary's office in room Phil 1169.