



Spring semester 24

Fall semester 24

Course number	Course title	Credits

The undersigned hereby declares that the form is correctly completed in full. She/he also declares that she/he is enrolled at the EUCOR partner university / Swiss University in the corresponding semester (and not being on leave of absence). Furthermore, she/he does not intend to earn an academic degree at the University of Basel.

Date: _____ Signature: _____

Family name: _____

First name: _____

Date of birth: _____

Mr. Ms.

c/o Adresse: _____

Street: _____

Postal Code/City: _____

Country: _____

Telephone No. _____

E-Mail: _____

Nationality: _____

At present matriculated at the following university:

In the following degree program:
