

Re-registration is currently possible via the doctoral advisory service only

<p>Trier University of Applied Sciences Student advisory service Post box 1826 54208 Trier Telephone: 0651/8103-335</p>	<p>Trier University of Applied Sciences Environmental Campus Student advisory service Post box 1380 D-55761 Birkenfeld Tel.: +49 6782/ 17-1826</p>	<p>Trier University of Applied Sciences ECB Doctoral advisory service Post box 1380 D-55761 Birkenfeld Telephone: +49 6782 / 17 -1827</p>	<p>Eingangsstempel der Hochschule</p>
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RE-REGISTRATION

for cooperative doctoral candidate enrolled at Trier University of Applied Sciences

I hereby re-register for the

- summer semester** _____ (year)
 winter semester _____ (year)

Name

Registration number

Re-registration at Trier University of Applied Sciences	
<input type="radio"/> With semester ticket for travel on regional public transport (charge applicable)	<input type="radio"/> Without semester ticket

It is currently not possible to enroll with a semester ticket. Due to technical problems it is not currently possible to select a semester ticket whilst enrolling/re-registering.

Changes to information given on the enrollment application or at previous re-registration

NO CHANGES

Changes to information provided in the following fields enrollment:

Note: Completion of the fields in *italics* is optional.

Please do not forget to re-register for each new semester

Please do not forget to terminate your enrollment following graduation and/or the end of your course of study.

Forms available at: <https://www.umwelt-campus.de/forschung/forschung-am-umwelt-campus/promotionsberatung/einschreibung-rueckmeldung/>

Field 1 Personal data	
Surname	First name
Maiden name (if applicable)	Affixes (e.g. von, de, etc.)
<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Third Gender	<input type="radio"/> <i>Married</i> <input type="radio"/> <i>Not married</i> <p style="text-align: right;"><i>Optional information</i></p>

Field 2 Adress and nationality			
<input type="radio"/> Main residence <table border="1"> <tr><td>Street, number</td></tr> <tr><td>ZIP code, town/city</td></tr> </table>	Street, number	ZIP code, town/city	E-Mail
Street, number			
ZIP code, town/city			
<input type="radio"/> Additional address <table border="1"> <tr><td>Street, number</td></tr> <tr><td>ZIP code, town/city</td></tr> </table>	Street, number	ZIP code, town/city	State of main residence (applicants from outside Germany should provide their country of main residence)
Street, number			
ZIP code, town/city			
<input type="radio"/> Business address <table border="1"> <tr><td>Street, number</td></tr> <tr><td>ZIP code, town/city</td></tr> </table>	Street, number	ZIP code, town/city	Nationality (list all nationalities) Telephone (with area code if applicable) <i>Optional information</i>
Street, number			
ZIP code, town/city			

Field 4 Care for dependent family members or relatives (children and other dependants) <i>Optional information</i>
<input type="radio"/> no <input type="radio"/> yes, timeframe: from until (month, year)

Field 6 Field 6 Additional degree completed since enrollment or previous re-registration	
Degree	
1st University	Semester, year
Subject of study	Country (if first enrollment outside of country)
Type of degree	Overall grade
Date of completion: Semester: _____ Month, year: _____	

Field 7 University with the right to award doctoral degrees, at which the doctoral examination procedure takes place			
Name	Nationality (if outside Germany)		
Address <table border="1"> <tr><td>Street, number</td></tr> <tr><td>ZIP code, town/city</td></tr> </table>	Street, number	ZIP code, town/city	
Street, number			
ZIP code, town/city			

Field 8 Type of doctorate
Cooperative doctoral program at Trier University of Applied Sciences with (multiple choices possible)
<input type="radio"/> University in Germany with the right to award doctoral degrees <input type="radio"/> University outside Germany with the right to award doctoral degrees <input type="radio"/> Non-university research institution <input type="radio"/> Business or other institutions

Field 9 Discipline in which is the doctorate awarded

Field 10 Supervising professor at the university named in point 7
Main supervisor
additional supervisor (if applicable)

Field 11 Supervising professor at Trier University of Applied Sciences (provide confirmation if this has changed)

Main supervisor (supervisor to complete declaration below)

additional supervisor (if applicable)

Field 13 Enrollment or registration as a doctoral candidate at the university named in point 7 Enrollment Registration Neither enrollment nor registration

Number (if applicable)

Field 14 Beginning of the doctoral program (date of admission as a doctoral candidate)

Please enclose relevant certificate in case of a new examination procedure

Month

Year

Field 15 Participation in a structured doctoral program Yes No**Field 16 Employed at Trier University of Applied Sciences** Yes No

Job titel (if applicable)

Field 18 Health insurance

Required only if enrollment was not completed at the university named in point 7, or if this university is located outside Germany. Please provide necessary proof. Private health insurance required

Provide an exemption certificate from a German public health insurance provider.

Name:

Address

Street, number or post box

ZIP Code, town/city

List of documents to provide
Certification of admission as a doctoral student
Certificate of registration or enrollment (if applicable)
Certification of health insurance (if applicable)

If required, additional certificates can be found under the following address:

<https://www.umwelt-campus.de/en/research/research-at-the-environmental-campus/support-for-doctoral-candidates/enrollment-re-registration/>

To be filled out by the University:	
computer processed: <input type="radio"/>	<input type="radio"/> Certificate of enrollment <input type="radio"/> Certificate of registration <input type="radio"/> Certification of admission as a Doctoral student
Health insurance declaration <input type="radio"/> provided <input type="radio"/> not required	Fee: <input type="radio"/> paid <input type="radio"/> non-applicable
Subject area:	Number:

currently not available

To be completed only after receipt of a new chip card:

Confirmation of receipt of a semester ticket

I am aware that if I am not re-registering to continue my studies in the following semester, or if I do not wish to select a semester ticket upon enrollment for the following semester, and/or do not pay for the semester ticket, I must return the chip card and the semester ticket at the end of the current semester.
I have received the semester ticket:

Place, date

Signature of the doctoral candidate