Offline-Registration for Courses at the Department of Computer and Information Science

Date: ............................................. Student ID Nr.: 01/ .........................
Name: ........................................ First Name: ........................................
E-Mail Address: ................................................................................................
Course of studies: ..............................................................................................
Degree: 
  Bachelor ☐  Master ☐  Diplom ☐
  BA Minor ☐  Magister (MA) ☐  Lehramt (Teacher) ☐
Other degree: ...........................................

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<tr>
<th>Professor/Lecturer</th>
<th>Course title</th>
<th>Assignment of courses</th>
<th>Course Number</th>
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Signature: ...........................................

1. We only process completely filled-in forms. A form which is not completely filled in is equivalent to non-registration!
2. The registration periods are announced on our website.
3. Please submit the form to:
   University of Konstanz
   Dept. of Computer and Information Science
   c/o Ms Bauer-Soto
   Office PZ 807 – Postbox 188
   Universitätsstraße 10, 78467 Konstanz
   (Z-Formulare/Offline-Anmeldung)