

Buddy Program

Application Form ☺

Summer term 20____

Winter term 20____

Last Name, First Name:

E-Mail Address:

Phone:

Gender:

Nationality:

Age:

Study program:

Language skills:

Hobbies:

Yes, I confirm that I have read the Buddy Program attachment. I am aware that I am supposed to support the Buddy Team events by organizing 1 common student activity per month during the marked term above.

Yes, I agree that above data is maintained at the International Office TH OWL and are exchanged with participating students of this buddy program

Date, Signature