



## Registration form for guest houses of Leipzig University

(Click on a field or use the tab key. Press F1 for help.)

**Academic Title:**

**Sex:**

**First name:**

**Surname:**

**Place of Birth:**

**Date of Birth:**

**Nationality:**

**Email:**

**Start of Stay in Leipzig:**

**End of Stay in Leipzig:**

### Home Address

**Street:**

**c/o-Street2-Apt.#:**

**Postal Code:**

**City:**

**Country:**

**Home University:**

**Home Institute:**

**Research Area:**

**Host Institute in Leipzig:**

**Host Chair/Professor:**

**mail Host Chair:**

**Financing:**

**Accompanying Partner/Family**

**Member(s):**

**Name of Partner:**

**Name(s) and Age of Children (at the  
Beginning of the Stay in Leipzig):**

**Level of German:**

### **Special Requirements:**

I hereby agree to receive monthly invitations for events organised for IBZ guest house residents by email.

I would be happy to receive emails with information about events in Leipzig. (Maximum once per month).

I consent to being contacted once by email for the purpose of an evaluation regarding various aspects of my research stay (experience with authorities, support, housing, daily life).

**Desired apartment type**

### **Required Documents**

- copy of your passport(s)
- *(possibly)* invitation letter
- *(possibly)* scholarship agreement
- *(possibly)* hosting agreement

Please note that only fully completed registration forms can be processed further.