University of Education
Pädagogische Hochschule
karlsruhe

ZENTRUM FÜR
WISSENSCHAFTLICHE
WEITERBILDUNG

Application Form for the University Certificate Course

Biographical Learning

Personal information:

☐ Female ☐ Male ☐ Other

Title / First Name / Last Name_____

Date of Birth (DD/MM/YYYY) / Place of Birth: _____

Type and Duration of Employment (attach copies of supporting documents):_____

_____

Academic Degree (attach copy): _____

Mailing Address:

Street, Nr.: _____

Postal Code, City :_____

Phone:_____E-mail: _____

How did you hear about this programme?_____

The course fee will be paid by

☐ the applicant

☐ the employer
(please fill out the form
"Gebührenübernahmeerklärung" below)

I have read and understood the Contact Study Regulations (KSO) for the continuing education programme "Biographical Learning," the Framework Regulations for Contact Studies at the Karlsruhe University of Education, and the Karlsruhe University of Education's bylaws regarding the collection of fees for contact studies.

Place, Date:_____Signature:_____

Gebührenübernahmeerklärung:
Name des Kosten tragenden Unternehmens/Arbeitgebers:

_____

Straße, Nr.:_____PLZ, Ort:_____

Telefon:_____E-Mail:_____

Ansprechpartner/in:_____

_____ _____

Ort/Datum Unterschrift Arbeitgeber und Stempel

Please send all application documents by mail or as a scan to: Pädagogische Hochschule Karlsruhe, Zentrum für wissenschaftliche Weiterbildung, Bismarckstraße 10, 76133 Karlsruhe; E-Mail: zww@ph-karlsruhe.de