

Application for UKE-Card for Non-Faculty Students

Please send to uke-karte-studierende@uke.de incl. passport photo in file format „jpg“ or „png“.

Last & First Name: _____

Student ID Number: _____

Gender: M F N/A

E-mail Address: _____ Phone: _____

Degree Programme: _____

Department: _____

Project Time Limit: _____

Application Date: _____ Card valid until: _____

Place, Date

Signature Applicant

Place, Date

Name Supervisor

Signature Supervisor

E-mail Address & Phone Supervisor

Stamp Clinic/Institute