

The English translation of this form is intended solely as a convenience to non-German speakers. Only the German form is legally binding. We therefore kindly ask you to complete and sign the German form.



Student and International Affairs Division
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Request Form for Swapping University Places

Summer semester _____ / Winter semester _____

Please attach a copy of your confirmation of acceptance for studies or secondary school leaving certificate and certificate of enrolment!	Student at the University of Greifswald	1 st Swap Option	2 nd Swap Option
Surname, Given Name(s):			
Degree course:			
Number of subject semesters (if applicable, number of semesters on leave of absence):			
Only for students of medicine:	Dates on which examinations were passed	Dates on which examinations were passed	Dates on which examinations were passed
Final pre-clinical examination			
Currently enrolled at the university:			
Desired swap to the university:			
Date and signature of applicant			
Approval from universities in question	University of Greifswald (Town, date)	2 nd University (Town, date)	3 rd University (Town, date)
	(Signature) Stamp	(Signature) Stamp	(Signature) Stamp

The request must be submitted during the enrolment period.

The entire procedure will be processed by the member of administrative staff responsible for the student currently studying at the University of Greifswald.