

Date

Application for the Double Master's Degree Program

with	(Name of University)				
Academic	year 20/				
Name:				_	Photo
	last name	first name			i iloto
Student ID- Nr.				-	
Nationality				_	
Date of birth					
Place of birth				-	
Field of study	y at the Universit	y of Stuttgart			
Major					
2nd major or mi (if applicable)	nor			-	
Bachelor deg	ıree				
Date of issue:		Grade:		-	
Current addre	ess		Permanent adre	ss (if differen	t):
Street			Street		
Postal Code			Postal Code		
Country			Country		
Phone			Phone		
E-Mail			E-Mail		
are fully subj	ion you provide	tly applicable data			ernational Affairs. They etails will only be used

Signature