

To
Heilbronn University, Max-Planck-Str. 39, 74081 Heilbronn

Communication about change of address or name as of: _____

Matriculation number: _____ Course of study: _____

Surname: _____ First name: _____

HOME ADDRESS

Street: _____

Other details: _____
(c/o address)

State: _____ Postal code: _____

City: _____

Telephone: _____ E-Mail: _____

SEMESTER ADDRESS (if different)

Street: _____

Other details: _____
(c/o address)

State: _____ Postal code: _____

City: _____

Telephone: _____ E-Mail: _____

Correspondence: Home Semester

(Place / Date)

(Signature)

Processed by: _____
(Date)

(Signature)

