

UNIVERSITY **OF COLOGNE**

University of Cologne International Affairs Albertus-Magnus-Platz 50923 Köln

Universal consent for underage applicants and students

As the underage applicant's / student's legal representative(s), I / we

Parent / legal guardian_____

Parent / legal guardian_____

Address_____

give my/our son/daughter

Name_____

Date of birth_____

permission to conclude all contracts and conduct legal transactions necessary in the framework of his /

her study programme and enrolment at the University of Cologne beginning in the semester

Summer Semester 20_____ and / or Winter Semester 20_____

In detail, this includes enrolment, payment of fees and contributions, change of major, selection of
study programme, participation in elections, use of the university library and the university computer
centre and the services they offer, participation in university sports, field trips and internships, registra-
tion and cancellation of examinations, and the like. If applicable, I / we accept all contracts and legal
transactions already concluded in the framework of my / our son's / daughter's application and enrol-
ment at the University of Cologne.

Included with the universal consent is a copy of my / our legal identification.

Place, Date

Signature parent / legal guardian

Place, Date

Signature parent / legal guardian

To be completed by International Affairs

Students number: _____

Study program: _____

University of Cologne, International Office, Team Admissions, Albertus-Magnus-Platz, 50923 Köln Availability Service Point / International Office: mondays – fridays 9:30 – 12:30 hrs, wednesdays 13:30 – 15:30 hrs