



REGISTRATION FORM SEMINAR BASIC II THEORY OF SCIENCE

Certificate Cognitive Science
cas-cogsci@uni-heidelberg.de

PERSONAL DATA

Ms. Mr. Others

Last Name

First Name

Date of Birth

Place of Birth

Country of Birth

Street and No.

ZIP code

City

Phone (voluntary)

E-Mail

ACADEMIC DATA

Student number (Matrikel):

Faculty affiliation:

Bachelor's diploma: Date

Grade

University

Combination of Subjects

Master's diploma: Date

Grade

University

Combination of Subjects

Doctoral project: Start

End (planned)

Subject

Supervisor

Thesis

ADDITIONAL DATA

In order for us to be able to set up appropriate course offerings for the upcoming semesters, we would like to know even more about you:

- Are your German language skills sufficient for attending a course? yes no
- What are your areas of interest for the certificate?

- What methods would you like to learn?

- Do you have prior knowledge of cognitive science?

PRIVACY POLICY

The protection of your personal data is important to us. Therefore, we would like to inform you about their processing.

The data collected with the application form are - unless marked as voluntary - required for the processing of the continuing education offer and for your individual consultation.

The application data we collect is processed exclusively by us.

If it is necessary to admit an applicant to a continuing education program, the data will be passed on to the admitting body. In addition, the data may be passed on to the cooperation partner for the purpose of individual professional advice;

In all other respects, the privacy policy of Heidelberg University applies.

I hereby consent to the processing of my data.