



**REGISTRATION FORM SEMINAR FUNDAMENTALS II
PHILOSOPHY 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: Semester: Faculty affiliation:

Highest completed degree programme: Degree Date: Grade:
(BA/MA/Physikum/Zwischenprüfung)
University

Combination of subjects:

Current degree programme: Degree: Semester planned period:

combination of subjects:

OR

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 areas of cognitive science(s) are you interested in? (please name)

- What methods in cognitive science(s) would you like to learn?

- Do you have prior academic knowledge of cognitive science? Yes No

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.