

International Office, Funding and Career Service | Weihenstephaner Berg 5 | 85350 Freising Tel.: +49 8161 71-5269| E-Mail: ramona.mueller@hswt.de

REGISTRATION FOR THE LANGUAGE TANDEM PROGRAMME

1. Personal Da	ta:
First name:	
Surname:	
Gender:	☐ female ☐ male
Age:	
Nationality:	
E-Mail Address:	
☐ I am an excha	r student at the HSWT. ange student at the HSWT (e.g. ERASMUS or double degree program). y at the HSWT, but
Degree programi	me:
Campus: Weil	henstephan 🗆 Triesdorf
2. Information	about the language tandem:
Target Language	e would you like to learn from your tandem partner?)
Mother Tongue: (Which language	e(s) can your tandem partner learn from you?)
Preferred sex:	□ Does not matter □ Male □ Female
Please fill in the the International	form and send it via e-mail to ramona.mueller@hswt.de or hand it in personally at Office.
	our registration for the language tandem programme you agree that the information II be saved for the purposes of finding a tandem partner and wil be forwarded to
☐ I accept that	my data will be saved and shared for the purposes of finding a tandem partner.