



**Application
for admission as
guest auditor**

for individual courses

Registrar's Office

Department 5 – Student Affairs
and Student Advice Centre



stud.sek@h-brs.de

By post or email to:

Hochschule Bonn-Rhein-Sieg
Registrar's Office
Grantham-Allee 20
53757 Sankt Augustin, Germany

Application deadline:

Summer semester: 16 January - 15 March
Winter semester: 16 July - 15 September

I request authorisation as

Guest auditor

- o for the summer semester 20 o for the winter semester 20 /20
in the degree programme o Bachelor o Master
in the study programme _____
at the location / campus* o Sankt Augustin o Rheinbach o Hennef
*Mandatory information for the Business Management programme!

for the attendance* of following courses:

*** Guest auditors are not permitted to take any examinations and are not enrolled.**

- 1.) _____
2.) _____
3.) _____
4.) _____
5.) _____

Personal details

- Gender: o male o female o non-binary
Surname: _____ First name: _____
Date of birth: _____ Nationality: _____
Place + country of birth: _____
Street + house no.: _____
Addition info (c/o, at): _____ Postcode + town/city: _____
Tel.: _____ Email: _____

Legal notice:

Pursuant to section 52(3) HG NRW dated 16 September 2014 and section 15 of the Enrolment Regulations of Hochschule Bonn-Rhein-Sieg dated 4 August 2021 as amended from time-to-time guest auditors may be authorised on application 'within the scope of the available study opportunities. No evidence of qualifications needs to be provided. The requested courses must be specified.

As a guest auditor you are not permitted to take any examinations. However, you may obtain a certificate of participation in the course. To do so, please contact the academic department in question.

A fee of EUR 100.00 is payable per semester for authorisation as a guest auditor pursuant to section 1(1) of the University Fees Statute of Hochschule Bonn-Rhein-Sieg, University of Applied Sciences.

Guest auditors are not enrolled; through the authorisation and for the duration of the authorisation they are affiliated with the university without being members of it.

I acknowledge all legal notices. I also confirm that the information I have provided is truthful and complete. I will immediately notify the Registrar's Office of Hochschule Bonn-Rhein-Sieg, University of Applied Sciences of any changes to my personal information.

Place, date

Applicant's signature

Only to be completed by the Dean of the Faculty!

Authorisation decision for the abovementioned courses:

- The request is granted in full.
- The request is only authorised for the following courses: (*)
 - 1 2 3 4 5
- The request is rejected. (*)
- (*) Required justification:
 - Unfortunately the above courses are not offered in the requested semester.
 - Other: _____

Department:

Surname, first name:

Place, date

Dean's signature

Then please return the completed application to the Registrar's Office!