

Personal Registration Form for Outgoing Students
Department of Business Administration, University of Bern

Last Name(s), First Name(s): _____

Matriculation Number: _____

Relevant Regulations (specify year): _____

Study Program during Stay Abroad: BSc Business Administration MSc Business Administration

Other: _____

Major (if applicable specialization, incl. ECTS): _____

Minor (all, incl. ECTS) : _____

Contact Address: _____

Phone: _____

E-Mail-Adresse: _____

Host University: _____

Duration of Stay Abroad (from – to): _____

Bern, (Date) _____