

quartierAufnahme

STUDIERENDENHEIME IM QUARTIER LEECH

Katholische Hochschulgemeinde + Afro-Asiatisches Institut,
Leechgasse 22-24, 8010 Graz, Tel. +43 316 32 26 28, Fax: -25
Mail: khg-graz@graz-seckau.at

I request admission to one of the student houses

for the year: _____ desired move-in month: _____

Heim AAI: ☐ Strassoldogasse 4 / Elisabethstraße 45 / Leechgasse 22

Heim KHG: ☐ Lange Gasse 2 ☐ Bürgergasse 2 ☐ Kroisbach

☐ Leechgasse 22 / Leechgasse 24 / Strassoldogasse 4 / Strassoldogasse 6 / Elisabethstraße 45

☐ single room ☐ double room (we try to arrange everything according to your wishes)

last name: _____ first name: _____

date of birth: _____ place of birth: _____

Please write **detailed**: f.e. **roman-catholic** (not sufficient is **catholic** or **christian**)

Denomination (religion): _____ sex: _____

Home address: Country: _____ province/state: _____

ZIP-Code: _____ City: _____ citizenship: _____

Street, housenumber _____

Mobile phone number: _____ e-mail: _____

date of final examination school: _____ school: _____

start of studies: _____

branch of study: _____

freshman: ☐ yes ☐ no scholarship/grant/student allowance: ☐ yes ☐ no

Only Erasmus/ study abroad programme: ☐ no ☐ yes, 1 term ☐ yes, 2 terms

I have already lived in a student residence / dormitory: ☐ yes ☐ no

Name & location of the dormitory _____ Move in: _____ Move out: _____

I state to have completed all the information in good faith.

Furthermore, I undertake to report any changes to these details immediately.

I agree that all my personal data which I disclosed may be used by AAI/KHG for electronic processing and internal management purposes.

date: _____ signature: _____