



Name: .....

Address: .....

.....

Phone number: .....

Nationality: .....

Date of birth: .....

University: .....

Subject of study: .....

Current study goal:     Bachelor     Master     State exam     Diplom     Promotion

Current semester: .....    Total university semester so far: .....

**Your registration and advice will be treated as strictly confidential. The psychologists are subject to confidentiality.**

I agree to the collection and processing of my personal data for the purpose of consulting. Consent also refers to other categories of data, such as health data. I can revoke my consent at any time – with effect for the future.

**I have received the leaflet "Data Protection Information".**

.....  
Date

.....  
Signature

**Note:** Please sign this document by hand and upload it scanned into our download section or send it by post!