



**REGISTRATION FORM SEMINAR FUNDAMENTALS II  
A HISTORY OF COGNITIVE SCIENCE**

Certificate Cognitive Science  
cas-cogsci@uni-heidelberg.de

**PERSONAL DATA**

Ms. Mr. Others

**Last Name** **First Name**

Date of Birth Place of Birth Country of Birth

Street and No.

ZIP code City

Phone (voluntary)

E-Mail

**ACADEMIC DATA**

Student number: Semester: Faculty affiliation:

**Highest completed degree programme:** Degree Date: Grade:  
(BA/MA/Physikum/Zwischenprüfung)  
University

Combination of subjects:

**Current degree programme:** Degree: Semester planned period:

combination of subjects:

**OR**

**Doctoral project:** start: end (planned):

Subject: supervisor:

thesis:

## **PRIVACY POLICY**

The protection of your personal data is important to us. Therefore, we would like to inform you about their processing.

The data collected with the application form are - unless marked as voluntary - required for the processing of the continuing education offer and for your individual consultation.

The application data we collect is processed exclusively by us.

If it is necessary to admit an applicant to a continuing education program, the data will be passed on to the admitting body. In addition, the data may be passed on to the cooperation partner for the purpose of individual professional advice;

In all other respects, the privacy policy of Heidelberg University applies.

I hereby consent to the processing of my data.

I hereby consent that I have read and understood the modalities of the studying guide.