

PLEASE DO NOT FILL OUT!

Registration received:

Registration Fee paid:

Requirements fulfilled:

Invitation for Entry Examination

Documents sent back:

1. Date _____ for Semester

2. Date _____ for Semester

REGISTRATION

BUNDESFACHSCHULE FÜR ORTHOPÄDIE-TECHNIK E.V. DORTMUND

Name: _____

First Name: _____

Date of Birth: _____

male female

Place of Birth: _____

Prov.: _____

Nationality: _____

Family Status: _____

No. of Children: _____

1. Address

Permanent Residence

Street: _____

City / zip code: _____

Phone: _____

2. Address

Only to be filled out in case of temporary Residence

Street: _____

City / zip code: _____

Phone: _____

At the moment employed at: Co. Place _____

Telefon: _____

Education

Extended Elementary School

Secondary School

High School

Technical College (Subject) _____

University (Subject) _____

Professional Education

1. Field _____ from / to _____

Company _____

2. Field _____ from / to _____

Company _____

Graduation

1. Field / Titel _____

Date: _____ at _____

2. Field / Titel _____

Date: _____ at _____

Professional Career after Graduation

1. Co. Place _____ time _____

2. Co. Place _____ time _____

3. Co. Place _____ time _____

4. Co. Place _____ time _____

5. Co. Place _____ time _____

Professional Continuing Education (Instructional Courses und Seminars)

Subject	Organizer	Date

Part III and IV German Meister Examination

- Completed / Date _____ at _____
- to be completed bevor BUFA
- not relevant

Entry in BUFA

Requested Year: _____

Please take into consideration the year of professional clinical experience of at least 2 Years; without Military-/ and alternative Military Service.

The Confirmation of your requested date of entry or to a later time relates on the number of vacant study places and the passing of our entry examination.

Additional Documents

To be enclosed in copy:

1. Transcripts- and School Leaving Certificates
2. Professional Graduation Certificates
3. References
4. Professional Continuing Education Certificates
5. Certificate of part III and IV Meister Examination (if applicable)
6. 2 Passport Pictures

Fees

Please transfer the Registration Fee of 250,00 € to our Bank Account 2501729801 at Volksbank Dortmund, BLZ 44160014.

Statement

Herewith I certify that all the above given data are complete and true.

Place/ Date

Signature