



**E.H.E. Europa Hochschule EurAka CH**  
**(E.H.E. Private European University EurAka Switzerland)**  
Registry: Kronthaler Strasse 11 | 61462 Königstein/Ts | Germany  
Email: registry@euraka.ch

# Application Form

Mr  Mrs  Ms  Other .....

**Selected Programme of Studies:**

Surname: .....

.....

First Name(s): .....

.....

Date of Birth: .....

**Level of Studies:**

- Bachelor  
 Master's  
 Doctoral Programme

Place of Birth: .....

Intended Start: .....

**Permanent Residence:**

**To be submitted with the Application Form** (copies only!):

Street/House No: .....

Highest School Certificate

City: .....

Prior Academic Certificates and Transcripts

Postcode: .....

Certificates of Professional  
Qualifications/Experience

Country: .....

Passport

Nationality: .....

2 photos in passport size

Phone: +.....

Actual CV

Mobile Phone: +.....

English Language Certificate

Email: .....

**City/Date:** .....

**Signature:** .....

**With my signature and submission of the Application Form I acknowledge my responsibility for the payment of study fees and potential further fees during my period of studies. Late or non-payment of fees entitles the E.H.E. EurAka to terminate studies. Study fees are due for a complete semester as soon as studies have started, even if I do not attend lectures or decide to terminate my studies.**  
**With submission of the Application Form, my application becomes binding. Should I not start my studies at the intended time, an administration fee of € 500.00 becomes due.**