

Contact Form
Examination Board of the Master's Program
Electrical Systems Engineering

UNIVERSITY OF PADERBORN

Paderborn,

PERSONAL INFORMATION		
Last name:	First name:	Gender : female male
Tel.:	Email:	
COURSE OF STUDY TO DATE		
Currently enrolled in : Electrical Systems Engineering		in th semester (number)
Begin of studies: winter semester	summer semester	Year:
Registration no. at the University of Paderborn:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Specialization: Signal & Information Processing	Electronics & Devices	
INQUIRY APPLICATION		
Subject:		
DETAILED DESCRIPTION		
<i>*Please include proof of examinations issued by the Central Examinations Secretariat if applicable.</i>		