

WELCOME CENTER

## Welcome at the University of Rostock

The Welcome Center offers information, support and advice to international doctoral/postdoctoral students and visiting scholars. We would like to help you and your family to prepare and facilitate your stay in Rostock. We offer a wide range of services, including information and support on visa and residence permit, assistance in finding accommodation, accompanying service to local authorities, coordination of family reunion and assistance in finding language courses. If you are interested in our offer, we kindly ask you to answer the following questions and send the questionnaire back to us. We will start our work as soon as we have received all information from you. Thank you. Please note that your data will be kept confidential.

## Personal data

Family name, first name (as written in your passport):					
Gender: O male	O female				
	Prof. On./Ph.D. Other				
Date of birth and place of	of birth:				
Nationality:					
Nationality.					
Contact information (cu	rrent address, phone, e-mail)				
Hama Institution (name	institute medition).				
Home Institution (name,	, institute, position):				
Have you formerly been	a member / guest of the University Rostock? Oyes	) No			
If yes, please indicate yo	our status!				
○ Student	O Doctoral student O Postdoc O Visiting profess	sor			
Other	O Decide at addition of the ad				
How did you first learn a	about the University Rostock				
O Personal contact	O Recommendation O Scientific article O Symposium				
○ Internet	Other				

## Family data Do you have a partner, who will accompany you to Rostock O Yes O No if yes, please provide the following information: Family name, first name: Date and place of birth: **Nationality:** Will your Partner also work at University Rostock O Yes O No if yes, please provide the profession of your partner: Do you have children, who will accompany you to Rostock O Yes $\bigcirc$ No if yes, please provide each child's name, date and place of birth, gender: Required information/Support Please indicate in which areas you would like to receive information and/or support. Housing O Yes if yes, please specify your needs/wishes (e.g. size, number of rooms, price) German language course O Yes O No **Health Insurance** O Yes O No Child care/school O Yes O No if yes, please specify your needs (crèche, kindergarten, school on which level) Other information required: Stay in Rostock Host faculty/institute: Contact person in the institute:

**Purpose of stay:** O Teaching Research Other

Financing of sta	ay:				
Universit	y of Rostock	O Home university	O Home government		
O DAAD		O Contract of employment	O Self financed		
Other					
Arrival informa	ation	k:			
		· ·			
Faculty member	r				
Partner/family					
Duration of stay in Rostock:					
Faculty member	r				
Partner/family					
Send via e-m	nail				

## Please send the questionnaire via e-mail or fax to:

Dr. Uta Buttkewitz International Office University of Rostock Kroepeliner Str. 29 D-18051 Rostock

Email: uta.buttkewitz@uni-rostock.de

Tel.: +49 (0) 381-498-1222 Fax: +49 (0) 381-498-1210

http://www.welcome-center.uni-rostock.de/