



h_da

HOCHSCHULE DARMSTADT
UNIVERSITY OF APPLIED SCIENCES

INTERNATIONAL OFFICE

Haardtring 100

D- 64295 Darmstadt

stamp for incoming mail International Office

Registration of visiting scholar

Application for

International Guest House Hotel

Information of the guest

Name: _____

First name: _____

Titel: _____

Position at home institution: _____

Sex: female male

Date of birth: (ddmmyyyy) _____ Place of birth _____

Nationality: _____

Emailaddress: _____

Phone number/mobile: _____

Name of home institution: _____

Address of home institution: _____

Contact person in case of
emergency (name, phone, emailaddress): _____

Duration of stay

at h_da: from (ddmmyyyy) _____ till (ddmmyyyy) _____

Invitation letter for your visa application

yes no

If yes, we need the following data from you:

Passport number: _____

Date of issue: (ddmmyyyy) _____

Place of issue: _____



Informationen of the host

Host institution/department: _____

Name of host: _____

Emailaddress: _____

Telephone number: _____

Application for accommodation

Duration of stay: same days as stay

different to stay

from (ddmmyyyy) _____ till (ddmmyyyy) _____

Hotel reservation: yes no
(stay until 5 nights)

Accommodation at the
International Guest House: yes no
(from 5 nights)

Accompanying persons: yes no

Number: ____

Name: _____

Rental costs

The rental costs are paid by: the guest

the host

(please attach confirmation)

International Office of h_da

(please attach confirmation)

other, please specify

(please attach confirmation)

Billing address: same as guest address

same as host address

other, please specify

Place, Date

Signature