Sender

First Name Last Name, Street House Number, ZIP Code City, State

Philipps-Universität Marburg

* Studienkolleg Mittelhessen -

Sprachintensivkurse

Wilhelm-Röpke-Straße 6

35039 Marburg

**Declaration of study intent**

I hereby confirm that I intend to begin a degree course following my preparatory training in the language and/or specialization courses at the Studienkolleg Mittelhessen of Philipps University Marburg.

First Name Last Name

Date of birth

Place of birth

Start of semester

Date of the first day

e.g. winter semester 2025

Name and place of the university

e.g. Philipps-Universität Marburg

Degree program

Name of the degree program

Place, Date

Signature

