

Registration for the certificate program “International Computer Scientist”

Surname, name:	Date and place of birth:
Study program:	Matriculation no.:
H-BRS e-mail adress:	

For the acquisition of the certificate, three out of four possible components need to be completed. Please note the certificate regulations, the conditions for the accomplishments (C:) and the required proofs (P:). Tick off the planned certificate components and fill in the form.

The processing of your personal data solely serves the processing of your request, the issuance of the certificate and the compilation of completely anonymous statistics. Your data is being collected on the basis of art. 6 par. 1 (e) GDPR. Responsible for the data processing is Bonn-Rhein-Sieg University of Applied Sciences, Grantham-Allee 20, D-53757 Sankt Augustin. Responsible for the processing of this application is the Team International Affairs of the Department of Computer Science, Bonn-Rhein-Sieg University of Applied Sciences. Your personal data will be deleted as soon as it is no longer required for the fulfilling of the purpose.

Herewith I sign up for the certificate program.

Place, Date

Signature

You are welcome to hand in the application to the Team International Affairs, room C158, **in person**.

Otherwise, please send the application

- per post to:

Hochschule Bonn-Rhein-Sieg, Fachbereich Informatik, Team Internationales,
Grantham-Allee 20, 53757 Sankt Augustin

- or via e-mail to: international@inf.h-brs.de

Please note: After the successful accomplishment of the chosen certificates components, an informal application to the Team International Affairs is sufficient for the acquisition of the certificate. Please attach all necessary proofs and if possible this registration form to your application.

A International Experience

<input type="checkbox"/> Internship abroad	Condition (C): Internship for at least 10 weeks Proof (P): Internship certificate / confirmation by employer
Country, period: _____	
Company, department: _____	
or	
<input type="checkbox"/> Semester abroad	C: Learning Agreement approved by department P: Official Confirmation resp. transcript of records by (partner) university abroad
Country, period: _____	
University, department: _____	
After the successful accomplishment the component will <input type="checkbox"/> be recognized <input type="checkbox"/> not be recognized	Signature Team International Affairs

 B Academic foreign language experience

Lecture in a foreign language	C: Lecture of at least 2 lesson hours per week / 3 ECTS; language must not be mother-tongue nor lecture language of the home university P: Official transcript of records by H-BRS or university abroad
Name of lecture, period, ECTS: _____	
University, department: _____	
and	
Language course	C: Extracurricular lecture of at least 2 lesson hours per week / 3 ECTS; language must not be mother-tongue nor lecture language of the home university; curricular electives can be recognized P: Certificate of the Language Centre or of the university abroad
Name of lecture, period, ECTS: _____	
University, department: _____	
After the successful accomplishment the component will <input type="checkbox"/> be recognized <input type="checkbox"/> not be recognized	Signature Team International Affairs

C Intercultural experience

Intercultural communication or culture course	C: Lecture of at least 2 lesson hours per week / 3 ECTS P: Official transcript of records by H-BRS or university abroad or certificate of the Language Centre
Name of lecture, period, ECTS: _____	
University, department: _____	
and	
Participation in the language tandem project or the Study Buddy project	C: Duration at least one semester P: Certificate of the Language Centre C: Duration at least one semester; participation as H-BRS home student requested P: Certificate of the International office
<input type="checkbox"/> Registered participation in the language tandem project, HBRS Language Centre	
<input type="checkbox"/> Registered participation in the Study Buddy project, HBRS International Office	
After the successful accomplishment the component will <input type="checkbox"/> be recognized <input type="checkbox"/> not be recognized	Signature Team International Affairs

 D Non-university international experience

<input type="checkbox"/> International conference	C: Participation in an at least one-day international conference; active participation e.g. as volunteer or by giving a presentation P: Written confirmation by conference organizer
Name of conference: _____	
Conference organizer, location: _____	
Conference period (day/time): _____	
or	
<input type="checkbox"/> Extracurricular excursion to an international company	C: Participation in an at least one-day international extracurricular excursion P: Written confirmation by company / excursion leader
Title, topic of excursion: _____	
Company, location: _____	
Excursion period (day/time): _____	
After the successful accomplishment the component will <input type="checkbox"/> be recognized <input type="checkbox"/> not be recognized	Signature Team International Affairs