

Registration for incoming researchers

The Welcome Office at the Helmut Schmidt University / University of the Federal Armed Forces Hamburg supports incoming reserchers in all non-academic questions regarding their stay in Hamburg. If you wish to use our services, please fill out this form and send it at: welcome@hsu-hh.de

Personal and Conta	ct Data						
Your data enables us to o		support and	communica	te on vour beh	alf with other offices		
Tour data cridores de le e	nor emolem e	support and	oommanioa	ic on your ben	un with other omoco		
Last name (family name	e)						
First name (given name	e)						
Permanent e-mail addre	ess						
Date of birth			Gender	(m/f/d)			
(day/month/year)							
Citizenship(s)				country			
			of residence				
Address in Hamburg (if	already kno	own)					
Street name and house			Postal code	City			
For visiting professors	and fellows	S:	0''				
Home university			City		Country		
Academic status/position	on at home	univ.					
(e.g. Professor, Postdoc							
Postal address at home	university	,					
(Please write the address	s as it should	l appear					
on a mailing envelope)							
Host institution at H	SU/UniBv	v H					
Information about your ho your hosts	st chair/instit	tution enable	es us to prep	pare your stay i	in close cooperation with		
Host institute at HSU							

Host institute at HSU	
Host professor	
Host's e-mail address	
Other contact person at HSU	
Phone number/e-mail of contact	

General information											
Knowledge of German language		yes		no	Previous in Germ	s research stay any		yes		no	
Your stay at HSU/UniBw H Correct data regarding your planned arrival and departure allows us to offer efficient support in immigration matters and finding accommodation											
Planned arrival date (Day/month/year)						departure date onth/year)					
Academic status HSU	/UniE	Bw H					1				
PhD student Professo					or	Guest Professor					
Postdoc	Postdoc Research				h fellow	other					
Financing your stay How will you finance yo	ur sta	ay at HS	SU/Unil	Bw H?							
Contract f employment Paid sabbatical other (please specify							cify)				
☐ Scholarship/Fell	owsh	nip	☐ F	Person	al funds	_					
If you're financin	g you	ır stay l	by scho	olarship	o/fellowshi	p, please indicat	e the	funding	, agenc	;y:	
Accompanying family If your family is accompany about your family memily	anyin				-		he fol	llowing i	informa	tion	
Will your spouse accor	npan	y you?		Y	/es	no					
Will any of your childre	n acc	ompany	y you?	Y	/es	no					
Privacy policy: The Welcome Office process and for statistical analyses. T provide the data. Failure to pil have the right to withdraw m processing up to the point of	he provide one	vision of a consent w sent at an	my data i will mean	is volunta that no	ary. There is support serv	no legal or contractu ices can be provided	al oblice by the	gation on Welcome	my part t e Office.		
I have taken note of the info	ormatio	on on da	ta prote	ction (lir	nk) and agre	ee to it.					
Date					Printed Name						

Signature