



ASSESSMENT

Academic year 2025/2026

1. PERSONAL DETAILS

Surname and first name: _____ born: _____

Address of the main residence: _____

_____ Tel.Nr.: _____

2. PARENTS

Father's surname and first name: _____

born.: _____ profession: _____

Mother's surname and first name: _____

born.: _____ profession: _____

3. University

Gustav Mahler University

4. HEALTH INSURANCE

Health insurance _____ health insurance number: _____

room 350,00 EUR
(10. Oktoberstraße 25)

room 410,00 EUR
(Karfreitstraße 30/32, Viktringer Ring 19)

The cancellation period during the year is two months.

The contribution is paid in 10 monthly instalments to the following account: Slomškov dom, IBAN: AT86 3910 0000 0003 384

_____ 2025
place date

signature