

## Accommodation Request

Name, Surname	
Home University	
Address	
E-mail	
Sex	<input type="checkbox"/> female <input type="checkbox"/> male
Academic year/Semester	<input type="checkbox"/> winter semester 20__ / 20__ <input type="checkbox"/> summer semester 20__
Planned date of arrival	

- **Would you like to make use of our accommodation service (a room in a flat-sharing community with exchange students)?**

Yes  No

Is there a student you would like to share your apartment with?  
(Name) \_\_\_\_\_

The International Office of Ludwigshafen University will assist you with accommodation. You can indicate a wish for your stay, but **there is no guarantee for your preferred choice of apartment**. If you would like to find an accommodation by yourself, please let us know, if you don't need any assistance.

**Deadline:** **for winter semester: 31 May**  
**for summer semester: 30 November**