

# Data Sheet

## PARTICIPANT INFORMATION



ACADEMY FOR  
CONTINUING  
EDUCATION

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Last Name First Name Acad. Degree(s)

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Employer (Organization / Company) Job Title

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Gender Citizenship

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Date of birth (dd.mm.yyyy) Austrian Social Security No. (SVNR, 4-digit)

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Address

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ZIP Code City Country

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Phone E-Mail

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Attended Secondary School/High School (name and city)

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Date of High School graduation (mm.dd.yyyy)

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Austrian student ID number (if applicable)

Please enclose the following enrollment documents:

- CV
- High school diploma (digital resp. copy)
- Passport (digital resp. copy)
- Passport photo (digital)
- If applicable certificates of previous degrees (digital resp. copy)

I would like to be enrolled as a student at the TU Wien and complete the above-mentioned Compact Program with a certificate. Furthermore, I hereby confirm that all information provided by me is complete and correct.

The information about processing of your personal data and your rights and claims under data protection law will be provided in the [Data Protection Declarations of the TU Wien](#).

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Place and date Signature participant