Application to Change Subjects within the Bachelor's Degree Program in Sport, Exercise and Health (Faculty of Medicine)

This application requires completion of the semester registration process via the Online Services (https://services.unibas.ch) and is to be submitted to the Student Administration Office (Studiensekretariat) together with the supplementary sheet in writing (by e-mail via www.unibas.ch/studseksupport or by post) by 1 February 2024 at the latest.

Students matriculated at the University of Basel can change their programs, but do not enjoy any special privileges. In particular, please observe the registration and admission requirements.

Family name: ________________________________
First name: ________________________________
Matriculation Number: ________________

I am applying to change the extra-faculty subject within the bachelor's degree program in Sport, Exercise and Health (Faculty of Medicine) for the spring semester 2024:

Subject: Sports science (unchanged)
New extra-faculty subject: ____________________________________________________________
Replaces: ____________________________________________________________
Reason: __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Have you been definitely expelled from continuing studies in any study program at a Swiss or foreign institution of higher education?
☐ No ☐ Yes, in the following study program: ____________________________________________
☐ Appeal pending

Date: __________________________ Signature: ________________________________

For official use only ☐ ☐ Leave blank ☐ ☐ For official use only ☐ ☐ Leave blank ☐ ☐
☐ Neumatrikuliert ☐ aus Rückmeldung bereits eingeschrieben ☐ Ja ☐ Nein
Vorbildungsausweis ______________________________________________________________
Zweitstudium Fachstudienanfänger Hörerart ______________________________
☐ Ja ☐ Nein ☐ Ja ☐ Nein Studienabschnitt ________________________________
Antrag bewilligt ______________________________________________________________
Campus i. O. ______________________________________________________________

Family name: ________________________________
First name: ________________________________
Matriculation Number: ________________

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