

Declaration of Insurance

Personal Data

Last name		First name	
Date of Birth		Sex (m/f/d)	Please choose an option

Address

Street		c/o, Apt. No.	
Postal code		City	
Country		Phone	
E-mail			

I declare that I have been informed about the necessity of taking out insurance coverage and being responsible for essential insurance coverage during my stay at TUM in Germany. The insurance coverage includes but is not limited to health insurance*, liability, accident and repatriation insurance.

Additional laboratory insurance will be required in the event of working in a laboratory at TUM.

(*Detailed information regarding the mandatory health insurance coverage will follow after admission).

--	--

Place and Date

**Signature of Applicant of the TUM PREP program
(Practical Research Experience Program)**

Please upload the signed form to your TUM PREP online application form.

Sandra Lessing – Technical University of Munich - TUM Global & Alumni Office
Arcisstraße 21 - 80333 München - Germany

E-mail: prep@tum.de