

# Data protection form



Last name, first name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Course of study: \_\_\_\_\_

By signing this document I acknowledge the following information on the collection and processing as well as the deletion of personal data in accordance with §45 of the *Hochschulgesetz* (Higher Education Act) of Schleswig-Holstein in conjunction with the Schleswig-Holstein State Regulation on the collection and processing of personal data of applicants, students and exam candidates for administrative purposes of the university (*StudDatenVO*).

Universities may collect and process the personal data of applicants, students, exam candidates, graduates and other users of university services and facilities that is necessary for the identification of these persons as well as for the admission and enrolment process, for re-registration, the granting of leave of absence, for the participation in lectures, classes and exams and to facilitate the use of university services and facilities as well as to facilitate administrative planning. The university has to adhere to the relevant data protection regulations at all times.

Universities may also use the collected data to maintain contact with former university members if they do not explicitly object to such use of their data.

The Ministry issues Regulations (*StudDatenVO*) to define which of the collected data (as described in paragraph 1 above) may be processed for which purposes or otherwise used.

I hereby confirm that I have taken note of the right of Flensburg University of Applied Sciences to collect and process my personal data and, if the course of study concerned is carried out in cooperation with one or more partner universities, to pass my personal data on to the universities involved in accordance with §45 of the *Hochschulgesetz* (Higher Education Act).

By signing this document I also acknowledge that in accordance with the Schleswig-Holstein State Regulation *StudDatenVO* Flensburg University of Applied Sciences will delete or destroy any of my personal data or documents in accordance with the dates and deadlines defined in this Regulation if I do not make use of my right to collect them in due time.

Signature: \_\_\_\_\_ Date / Place: \_\_\_\_\_