

## Application Form Completion of the Bachelor's Degree

Matriculation Number	
Last Name / First Name	
Street / No.	
Postal code / City	
Tel.	
E-Mail	@students.unibe.ch

**I hereby apply for completion of my Bachelor's degree program.**

Deadline for this application form:

- Spring Semester: May 31
- Fall Semester: December 31

Proof of the paid examination fee (CHF 300.00) attached.

*RW-Dekanat, Universität Bern, 3012 Bern, IBAN CH15 0900 0000 3037 2016 5 (Postfinance 30-372016-5)*

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please note**

- If the payment is made online, a confirmation of the payment must be sent along with this form.
- The receipt of the application form will not be confirmed.