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Initials Registrar's Office:
 Date:

Special students registration - SAA - Actuary Training Programme

for Autumn Semester 20. (registration possible from A		or 🗖	. •	ester 20 ssible from Janua	ry onwards)
 This fully completed form must be submitted together with the "Vorlesungsübersicht der SAV" by email to: mario.wuethrich@math.ethz.ch, at the latest two weeks before the beginning of the semester. The personal information will be used for administrative purposes only and will not be disclosed to third parties 					
Title	□ Mr	☐ Ms	/	□ Dr	
Surname					
First name					
Date of birth					
Nationality					
Home town and canton (for CH citizens only)					
Native language	☐ German	☐ French	☐ Italian	☐ English	□ other
Correspondence language	☐ German	English	1		
	Postal addre	ess		ling address same as postal	address other
c/oStreet, house numberZin code town					
• Zip code, town					
Phone number (office hours) E-mail address					
I have been registered as an audit	tor at ETH Zui	rich before		☐ Yes	□ No
2 I already have a Swiss student number from a Swiss university (see the last page of the Swiss matriculation certificate or the diploma)					
,					
3 By signing below, I confirm that I have fully completed this form					
Date:	Signa	ature:			
(to be completed by the Secretariat RiskLab a	nd the Registrar	's Office)			04.2021 / gl
□ special student Aktuar SAV (Hst 91) • Initials Secretariat RiskLab: Date:					