

colorbirds GmbH  
Isabella Lauschner  
Johannisplatz 12  
81667 München

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## Statement of Intent to Study

Dear Ms. Lauschner,  
I herewith confirm that I intend to begin a course of studies at a university.

First name, surname

Date of Birth

Place of Birth

Semester begins in

Date of first day

Name and location of university

Course of studies

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Place, Date

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Signature