

Application form for exam withdrawal

Details of the applicant

Surname, first name:

Matriculation number:.....

Email:

Study programme:

Semester of study:

I withdraw from the following exam(s):

Exam 1:

Module number: Date:

Module title:

Exam 2:

Module number: Date:

Module title:

Exam 3:

Module number: Date:

Module title:

Please note: The application to withdraw from the exam is only valid if the reasons for missing the exam are given.

Reasons for missing:

Confidential medical certificate is enclosed

will be submitted later

.....
Place, date

.....
Signature of the applicant