

To: Examination Office

## **Disclaimer**

This document is a courtesy translation provided for your convenience. Please note that the original form must be opened and completed in the **German language**.

Only the **German version** is legally binding.

## **Exam Registration**

Personal details				
Last name, first name				
Student ID				
degree programme				
Phone			Email	
Application deadline: No later than 14 days before the exam date.				
Exam number	Exam			Date
(see exam schedule)	(see exam s	schedule)	S	(see examination schedule)
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aC				
Additional subjects must be marked as such!				
I hereby register for the above-mentioned examinations.				
Date / Signature of the stu	udent(s)			