

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.

Resignation from Exam

Personal details				
Name, first name				
degree programme				
Degree				1
Student ID		E	mail	
Exams that take place during the semester or are divided into several parts are excluded if at least one partial exam has already been taken. for reasons beyond the candidate's control (e.g., illness, train delay, work placement abroad Appropriate proof (doctor's note, confirmation from the internship provider or the German Federal Railways) must be submitted to the Examination Office immediately (within three working days after the exam).				
Examination number (see Examination schedule)	Examinatio (see exami	n subject nation schedule)		Date of exam (see exam schedule)
C	S			
Time of examination: If the specified deadline study counseling services Date / Signature of the stu	es are excee vice at the re	ded by more than two semesters, the slevant faculty.	student must under	go