

Registration

Withdrawal

examination*

*study and performance record

degree programme.....

(please indicate major and if applicable minor subject)

Bachelor

Master

verbal form

written form

Surname, Forename:

Matriculation (Student) number:

E-Mail:

Exam for module/optional area (please specify module number/name):

.....

Course / Lecture title:

.....

.....

Examination number:.....

Examiner:.....

Date and time of the examination:.....

Attempt (1., 2., 3.).....

.....

Place, date and signature of the student**

* This form is only to be submitted if registration via LSF is not possible.

** This form can alternatively be sent in digital form without signature from the personal **student e-mail address** to the examination office.