

Exam Deregistration

Name, first name: _____

Matriculation No.: _____

e-mail: _____

Study programme:

- Bachelor Mathematics
 Master Mathematics
 2-Subject-Bachelor Mathematics
 Bachelor FWM
 Master FWM
 Master Data Science

Exam	Exam date	Examiner	Written exam	Oral exam (*)
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(*) : Signature of the examiner is required to verify that the student withdrew from the exam registration on time one week before the agreed exam date or that no exam date was agreed upon.

			<input type="checkbox"/>	
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			<input type="checkbox"/>	

I am aware that a withdrawal of exam registrations for written exams is only possible until 12 pm on the penultimate work day before the exam.

I am also aware that a withdrawal of exam registrations for oral exams is only possible until one week before the agreed exam date.

Saturday and Sunday are not counted as work days.

Date

Signature of student

Date

If student is a minor, signature of parent or legal guardian