

Student: Withdrawal of exams

Last name, first name: _____

Matriculation number: _____

Date of birth: _____

Home university: RUB _____

Program: ETIT ITS-I ITS-N LAP _____

Degree: Bachelor Master non-degree seeking student

Regulation: 13 15 none

I timely withdraw from the following registered exam:

Examination period: Winter term / Summer term _____

Course name: _____

Date

Signature

Examiner: Appointment for the exam mentioned above

To be filled in by the examiner or the secretary on behalf of the examiner

Exam appointment for the exam mentioned above _____

no appointment assigned

Date

Signature

Stamp

Examination office: Confirmation

Confirmation of timely withdrawal.

Date

Signature

Stamp