

Request to de-register from an exam

This application must be submitted to the Office of the Registrar (*Prüfungsamt*) immediately after the respective examination date

I hereby request to withdraw and be de-registered from an examination after the withdrawal deadline has expired.

Name, first name: _____ Student ID No. (*Matrikel-Nr.*): _____

Degree program (*Studiengang*): _____ Bachelor Master

- (1a) I did not take an examination I had registered for.
- (1b) Due to illness, I had to stop taking an examination. I informed the examiner of the discontinuation and obtained a medical certificate immediately after the examination had been discontinued.

Examination*: _____

*Examination title according to the examination and degree program examination regulations

Examiner: _____ Examination date: _____

- (2a) Inability to take the examination due to personal illness illness of a child
(cf. enclosed medical certificate for period between _____ and _____ .
Submit original medical certificate; distance learning students: submit a copy).
- (2b) Withdrawal due to special reason(s) (relevant proof to be enclosed):

Date: _____

Signature: _____

→ To be filled in by *Prüfungsamt*

Datum Antragseingang: _____ Antragskopie weitergeleitet an: _____

Krankmeldung für Prüfungs-Nr. _____ erfasst am: _____

Unterschrift: _____

→ To be filled in by *Prüfungsausschuss des Fachbereichs im Fall (1b) und (2b)*

Der Rücktritt und damit die Abmeldung von der Prüfung wird

- bestätigt abgelehnt

Datum: _____

Unterschrift: _____

The application must be submitted to the Office of the Registrar (*Prüfungsamt*) during office hours or by post:

Hochschule Anhalt
Studierenden-Service-Center
Strenzfelder Allee 28
06406 Bernburg

Hochschule Anhalt
Studierenden-Service-Center
PF 2215
06818 Dessau

Hochschule Anhalt
Studierenden-Service-Center
Bernburger Straße 55
06366 Köthen