

Request to de-registration from an exam -**not valid for the de-registration from final thesis**

This application must be submitted to the Examination Office (Prüfungsamt) along with a copy of the medical certificate by e-mail or post immediately. The field Diagnose(n) should be blackened out / made illegible.

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) I took the examination. Due to illness, I had to abort it. 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 _____.)
- ☐ (2b) Withdrawal due to special reason(s) (relevant proof to be enclosed):

Date: _____

Signature: _____
klicken für Bildunterschrift

➔ To be filled in by Prüfungsamt im Fall 1a und 2a

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: _____

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