

## 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: \_\_\_\_\_

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

Datum Antragseingang: \_\_\_\_\_ Antragskopie weitergeleitet an: \_\_\_\_\_

Krankmeldung für Prüfungs-Nr. \_\_\_\_\_ erfasst am: \_\_\_\_\_

Unterschrift: \_\_\_\_\_

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#### ➔ 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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