



To The Examination Office

Due to illness I am not able to participate in the following examinations:
(please name module as displayed in the examination plan)

Name of examination:

Date of examination:

Name of examination:

Date of examination:

Name of examination:

Date of examination:

Matriculation number: 90.....

Family name, first name:

Study programme:

.....
(place, date dd/mm/yyyy, signature of student)

Attachment

Doctor's note

The following is to be filled in by the Examination Office:

**Bearbeitungsvermerk Prüfungsservice:
Attest anerkannt/nicht anerkannt u. POS erl.....**