



Surname / first name

Request to cancel exam

1. Please fill out the fields below:

Student ID no.		
Academic level	Bachelor	Master
Major		Minor

2. The following modules/exam dates are affected:

Semester	Module no.	Module title	Exam date

3. Information on the medical certificate (attached):

Inability to work from _____ up to and including _____

4. Important notes:

- Withdrawal from an exam is possible only if you have not sat the exam.
- Submit this form – filled out and signed – together with the medical certificate (as a scan) to IKMZ by e-mail (see above for address) no later than five days after the exam date.
- The medical certificate must confirm complete inability to work for the day of the exam.
- If the request for withdrawal is approved, the modules will be cancelled. You will not receive a reply to the request and you are obliged to verify the cancellation of the modules in the module booking tool.
- You must register yourself for the offered repeat examinations (compulsory modules, see course catalogue) via the student portal within the specified period.

5. Confirmation:

I hereby confirm that I have not sat the exams listed above.

I confirm that the above information is complete and correct.

Date and signature

Attachment: Medical certificate as scan