

Cancellation due to illness of examination in the WS / SS _____

Please, hand in this form to the responsible Examination Office.

_____	_____	_____
Matriculation number	Surname/ Family name	First/Given name(s)
_____	_____	_____
Department	Major & desired degree (Ba/ Ma)	Telephone number in case of any queries

I hereby cancel the following examinations I already registered for due to illness:

Examination::	Date:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Ilmenau (date) _____

Signature of the student

Please, add your a doctor's certificate attesting the inability to participate in the examination.

Registration note of the Examination Office responsible: _____