Admission to the 2nd repeat examination in the WS / SS ____

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

matriculation number
surname
first name/ given name(s)
department
major & desired degree (Ba/ Ma/Diplom)
telephone number for any queries

1. I hereby apply for the 2nd repeat examination in the semester indicated above
for the examination: ______________________________________________________

  □ I’ll take the exam in written form on the regular examination date. (only possible if
the written form is defined in the module handbook in the a.m. semester)
(The form remains in the examination office)

  □ Ich’ll take the exam in alternate form. (only possible if this form is defined in the module
handbook in the a.m. semester) (The form remains in the examination office)

  □ I’ll take the exam in oral form. (The form will be forwarded to examiner)

Ilmenau, (date) __________________________________________________________ signature of the student

2. For the 2nd Repeat Examination, the Examination Board has received the
application of the student named above, and the application has been accepted.

Ilmenau, (date) __________________________________________________________ stamp and signature of the examination office

3. The following binding oral examination date has been arranged:
(In case of missing approval of the examiner, leave it blank and return it to the examination office.)

on ___________ at ___________ in room ________________________________

1. examiner it: ____________________________

2. examiner is: ____________________________ or observer is: ____________________________

Ilmenau, (date) __________________________________________________________ signature of the examiner

________________________________________________________

Unterschrift des Studierenden
(Alternatively, the office can enclose/ add the student’s confirmation mail.)

Verbuchungsvermerk des zuständigen Prüfungsamtes: ________________________________