

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: _____