



## Cancellation of examination in the WS/SS \_\_\_\_\_

outside of electronic system (thoska)

*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 duly cancel the following examination according to the valid Examination Regulations and Procedures:**

**examination:**

**date:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ilmenau, (date) \_\_\_\_\_

\_\_\_\_\_  
Signature of the student

Registration note of the Examination Office responsible: \_\_\_\_\_