

## Free attempt declaration / Grade improvement in 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 declare the following examination to be a free attempt (binding and irrevocable):**

<b>Examination:</b>	<b>I want to take on the exam in a.m. semester (= Registration)</b> (Please tick a box.)
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**I hereby declare the following examination to be a grade improvement (binding and irrevocable):**

<b>Examination:</b>	<b>I want to take on the exam in a.m. semester (= Registration)</b> (Please tick a box.)
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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