

Report on medical certificate 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 cancel the following examinations I already registered for due to illness:

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

Ilmenau (date) _____

Signature of the student

Please, add your health insurance voucher here.

Registration note of the responsible Examination Office: _____