



Cancellation of Examination in the WS/SS _____

outside of electronic procedures (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: _____