



**CANCELLATION from registration as a graduate of the Department**

Surname: ..... First name: .....

Date of birth: ..... Course of studies: .....

Matriculation No.: .....

Signature of the responsible university instructor  
of your Thesis: .....

Signature of the person responsible for the  
laboratory in the group from the person above:  
(If there is no such person, the instructor of your Thesis will sign) .....

**Contact Data**

Future residential address: .....

and/ or the address of the parents: .....

Future business/office address:  
(with department, if known) .....

I work as: .....

e-mail address: .....

Mobile phone number: .....

**I confirm that I do not have any items in my possession that belong to the TU  
Ilmenau.**

.....  
City, date

.....  
Signature