

## Universität Regensburg

		Please do not print out and rescan the form. Just forward it online!	
Surname:	First name:	Student number:	Student email:
Please send the declaration of withdrawal by email from your university account to pa.chemie!			
Declaration of withdrawal			
I hereby withdraw fro	om the following examination	n:	
in accordance with § 25 Para. 3 of the Master's Examination Regulations and Master COSOM, § 26 Para. 3 Master WiChem, Master SYNCAT and Master MedChem			
	e with § 27 Para. 3 of the Bac a. 3 Bachelor WiChem	chelor's Examination Regulatio	ns for Bachelor Chemistry
Title of the examinati	on credit:		
Date of examination:	Module:		
Professor:			
Reasons:			
Illness (include scan of medical certificate, and send original by post!)			
Outstanding	prerequisites		
Other:			
	claration of withdrawal from ack when the examination da	an examination which leads t ate has passed.	o my legal withdrawal can
See the information s	<b>sheet</b> for important informati	on on the medical certificate.	
Date:	Online si	gnature:	
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