

## Withdrawal from one or more final examinations due to illness

Faculty 6 - 12 (incl. Teaching profession)     Faculty 1 - 5

To  
University of Bremen  
Central Examination Office

Box 33 04 40  
28334 Bremen

Student information

Student ID no. \_\_\_\_\_

Surname \_\_\_\_\_

First name \_\_\_\_\_

Phone nr. \_\_\_\_\_

Degree     Bachelor's degree     Master's degree     Master of Education     State examination Law

Study format \_\_\_\_\_

Degree programm

This form must be submitted immediately to the examination office together with a certificate of incapacity for work.

Cancellation is only possible for registered examinations. You must enter these examinations below below. Please fill in all fields completely.

|                  |            |
|------------------|------------|
| Module code:     | Exam date: |
| #1 Module title: |            |
| Addition:        |            |
| Module code:     | Exam date: |
| #2 Module title: |            |
| Addition:        |            |
| Module code:     | Exam date: |
| #3 Modul title:  |            |
| Addition:        |            |

additional fields required

Note:

*If the withdrawal is recognised, the student will receive a notification by email.  
If the withdrawal is rejected, the student will receive a written notification.*

Date

Signature of applicant