



Application for participation in examinations as a visiting student

Mrs

Mr

Name, First Name: _____

Date of birth: _____

Address: _____

is entitled

to take the following examinations in summer/winter term _____

in the course of study _____

Examination	Name of university lecturer	Signature of university lecturer

Please note that it is required to register the desired examinations at the examination office of the respective faculty within the corresponding registration periods.