Application for
Exmatriculation on _____
(Date)
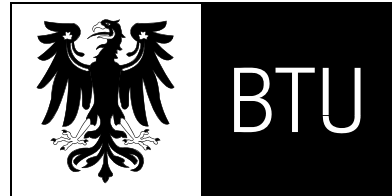
Matriculation Number:	
Surname, First name(s):	
Maiden Name:	
Street, House Number:	
Post code, City:	
Date of birth:	
Place of birth:	
Date of enrollment:	
Date thesis submitted:	
Probable date of defense:	
Degree programme:	
Current no. of semester:	
Overall semesters incl. leave of absence:	
No. of semesters on leave of absence:	

Reason for Exmatriculation

Completion of studies after passed examination	
Completion of studies with a failed examination	
Completion of studies without examination	
Transfer to a different university or degree programme	
Military or civil service, 1st semester	
Quitting or interruption of studies	
Other	

Place, Date   Signature