

Declaration of withdrawal, or application for approval of withdrawal from examinations.

Personal details:						
Name	First name		Student ID	number	Study program	Semester
Street	Zip code, to	own or city	Telephone	(optional)		
Important information	on:					
https://www.stu 2) The signature signature of the	n - if necessary including supporting oudent.uni-stuttgart.de/en/contact/). The of the examiner is only required if not examiner is always required.  If registration for "LBP" examinations (	e attached justification mexam date is recorded in	ust <b>always</b> be submitted to t C@MPUS. The signature of	he Examination the examiner of	n Committee for approval. only confirms the date. For his	
Please mark with a	cross where applicable:					
Withdrawal f	rom an examination up to 7 days be	fore the examination dat	te (only if it is not possible to	withdraw fron	n the examination online via	C@MPUS)
Withdrawal f	rom examinations taking place in les	ss than 7 days, from repe	eat examinations, or course	examinations	("LBP" examinations)	
Due to i	Ilness (medical certificate attached), o	or				
see the	detailed explanation attached					
<b>Examination details</b>	::					
Date of examination	Signature of examiner (see no. 2)	Examination number	Examination title		Examiner	Attempt
Date	Signature of student					
Withdrawal from eya	emination is:	ad	Date Sign	ature and stam	on of the chairnerson of the ex	amination committee