Please fill out the form on the PC!

To the Chairman of the
Board of Examiners

Phone: 0271 740-3113; 4409
Email: pruefungsamt-inf@uni-siegen.de
pruefungsamt-et@uni-siegen.de
Room: H-E 211, H-E 212

Universität Siegen
Prüfungsamt ETI
Hölderlinstraße 3
57068 Siegen

Withdrawal from Exam Registration due to:

Medical Condition ☐

Illness of a child whom you have to care for predominantly yourself ☐

Surname/Firstname: _____

Matrikulation No.: _____

Student Email Adress: _____

Study Course: _____

I hereby declare my withdrawal from the following subjects:

Name of the Exam	Examiner	Exam Date

Attachment: Medical Certificate

Please note that medical certificates must be signed by the doctor in their own handwriting (no pre-printed signatures!) and that the Examinations Office cannot accept electronic certificates of incapacity for work.

_____ _____

Place, Date Student Signature