



Notification of disease-related rescission of examinations

This letter has to be submitted to the Examination Office in connection with the doctor's certificate ("Ärztliche Bescheinigung").

Matriculation number:

Matriculation year:

Name, First name:

Course of studies: ACCESS

Sick leave: from:..... to:

Examination (with module number) and date of examination:
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.....
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.....

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Date

.....
Signature

Attachment: „Ärztliche Bescheinigung“ (doctor's certificate)

