
APPLICATION FOR EXMATRICULATION

name:

first name:

date of birth:

student number:

STUDY PROGRAMME

degree

subject

semester

I APPLY FOR EXMATRICULATION AS OF

date (backdated exmatriculation is excluded)

REASON FOR EXMATRICULATION

	<input checked="" type="checkbox"/>	
1	<input type="checkbox"/>	graduation after passing the exam
2	<input type="checkbox"/>	interruption of studies
3	<input type="checkbox"/>	termination of studies without examination (no more attempts possible)
4	<input type="checkbox"/>	change of university within Germany
5	<input type="checkbox"/>	start of voluntary service
6	<input type="checkbox"/>	final termination of studies
8	<input type="checkbox"/>	termination of studies after final failed examination/preliminary examination
9	<input type="checkbox"/>	other reasons

CORRESPONDENCE ADDRESS AFTER STUDY (optional)

street and house number:

add. to address, if needed:

postcode and city:

ALUMNI-NETWORK

My name and degree programme as well as the correspondence address given above may be used for contact purposes within the Alumni Network.

YES

NO

I can retract this consent at any time in writing to the MLU Student Registration Office.

I am responsible for deregistration at the university facilities (e.g. ULB) and for the return of teaching and learning materials provided.

I have taken note of [the access duration to the individual IT services](#) set after the end of the studies.

date

signature