



Request form for issuance of the final academic record and certificate for the Master's degree

Master of Business Administration (MBA)

(In accordance with the applicable version of the examination regulations for the above-named degree program at the Catholic University of Eichstätt-Inqolstadt)

Last name, if applicable birth name	First name(s) as stated in birth certificate
Current correspondence address: Street, zip code, city	
Date of birth	Place of birth and country of birth
Phone	Private e-mail address
Student registration number	Semester of the program (in Master's program)
	Day of the last piece of assessed work
categories of the program (required a complete any further assessment cor	essment components worth a total of 90 ECTS credits in all sub- area, required elective area, elective area, final thesis) and will not imponents. The property of the successful completion of this degree program are registered.
in KU-Campus and I have checked the An application in accordance with the (examination regulations, PO)).	e compensation regulation is attached (Section 8 para. 2
_	les to be deleted (please state module title & module code):
☐ Please issue an overview of these del	eted additional course achievements.
My course of study is governed by the	e following examination regulations (PO):
Grade, supervisor Master's thesis:	
Ingolstadt, dated	
	Student's signature