



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

Digital and Data-Driven Business

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

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
Date of Birth		ridee of birth
Private -email adress	·	Semesters of the program
Chosen business langugage		Day of the last piece of assessed work
Student registration number		
	gram (required area,	components worth a total of 180 ECTS credits in all required elective area, elective area, final thesis) and ponents.
		ccessful completion of this degree program are that they are registered correctly.
An application in accorda (examination regulations		sation regulation is attached (Section 7 para. 2
I hereby apply for registratitles!):	ation of a study profile	e (Name of the study profile+ please state module
☐ I hereby apply for deletio	n of the following mod	dules (please state module title & module code):
Please issue an overview	v of these deleted add	ditional course achievements.
My course of study is go	verned by the followin	ng examination regulations (PO):
Grade, supervisor Bache	elor's thesis:	
Ingolstadt, dated		