



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

Data Science

(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
Private e-mail adress	Semesters of the program
Chosen specialisation	Day of the last piece of assessed work
Student registration number	
sub-categories of the program (require will not complete any further assessment assessment components necessary registered in KU-Campus and I have c	ssment components worth a total of 180 ECTS credits in all ad area, required elective area, elective area, final thesis) and ent components. If of successful completion of this degree program are hecked that they are registered correctly. If ing modules (please state module title & module code):
Please issue an overview of these dele	eted additional course achievements.
☐ My course of study is governed by the	following examination regulations (PO):
Grade, supervisor Bachelor's thesis: _	
Ingolstadt, dated	Student's signature

Please note that only fully completed request forms will be processed!