KATHOLISCHE UNIVERSITÄT EICHSTÄTT-INGOLSTADT

Examinations Office Ingolstadt

Please use a computer to fill out this form!

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

Taxation

(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 and country of birth**

Phone | **Private e-mail address**

Minor | **Semester of the program** (in Master's program)

Student registration number | **Day of the last piece of assessed work**

☐ I have successfully completed all assessment components worth a total of 120 ECTS credits in all sub-categories of the program (required area, required elective area, elective area, final thesis) and will not complete any further assessment components.

☐ All assessment components necessary for successful completion of this degree program are registered in KU-Campus and I have checked that they are registered correctly.

☐ I hereby apply for the following modules to be deleted (please state module title & module code):

_____

_____

_____

_____

☐ Please issue an overview of these deleted additional course achievements.

☐ Grade, supervisor Master's thesis: _____

Ingolstadt, dated _____

_____

Student's signature

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