



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.

An application in accordance with the compensation regulation is attached (Section 8 para. 2 (examination regulations, PO)).

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.

My course of study is governed by the following examination regulations (PO): _____

Grade, supervisor Master's thesis: _____

Ingolstadt, dated _____

Student's signature

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