

Please tick boxes as appropriate
Please fill out this form using clear unjoined letters

Application form for termination of studies

from 20...../20..... winter semester
 20..... summer semester

Personal information:

Name: _____ First name: _____

Date of birth: _____ Student registration no. _____

Mailing address: _____ Phone: _____

_____ E-mail: _____

The following degree program shall be terminated:

Degree: _____
(e.g. Bachelor's degree program)

Subject: _____
(e.g. Geography)

Main subject

Subject: _____
(For *Lehramt GS* and *MS: Didaktikkombination*)

Main subject Minor subject

Subject: _____

Main subject Minor subject

Subject: _____

Main subject Minor subject

Profile: _____

(only for the interdisciplinary Bachelor's and Master's degree program (e.g. flexible, teaching,...))

I will continue to study in the following degree programs:

1st

Degree: _____
(e.g. Bachelor's degree program)

Subject: _____
(e.g. Geography)

Subject: _____
(For *Lehramt GS* and *MS: Didaktikkombination*)

Subject: _____

Subject: _____

Profile: _____

(only for the interdisciplinary Bachelor's and Master's degree program (e.g. flexible, teaching,...))

2nd

Degree: _____
(e.g. Bachelor's degree program)

Subject: _____
(e.g. Geography)

Subject: _____
(For *Lehramt GS* and *MS: Didaktikkombination*)

Subject: _____

Subject: _____

Profile: _____

Date

STUDENT OFFICE