

Exmatriculation due to successfully passing final examination

Name _____

First name _____

Matriculation number _____

Study Program _____

I would like to be exmatriculated

at the end of the month, when the oral exam has taken place

at the end of the semester

Please give us your private email so that we can contact you for Alumni (voluntarily)

Thank you!

Lübeck, (date) _____

Signature