



Exam Registration

This form is to be submitted in person to the Informatics Infopoint.

Semester: **WS 2011/2012**

Last Name: _____

First Name: _____

Matr. Nr.: _____

Course of Study: _____

Bachelor Master

Telephone Nr.: _____

Email: _____

I herewith obligatorily register to the following examinations:

Module Title	Module Number	Examiner	Examination Date

- I am aware that this registration is only valid if this form is completely filled in.

Date

Signature