

Withdrawal from module examination(s) due to illness

Surname

First name

Registration number

Mobile/phone

Email

Degree programme

| | Title of module | Examination number | Examination date |
|----|-----------------|--------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Place/date

Signature of applicant

**Certificate Attesting Inability to Sit an Examination
(medical certificate)****for presentation to the Examination Committee of Münster School of Business at Münster University of Applied Sciences**

According to Section 11 (2) of the General Part of the Examination Regulations for Bachelor's and Master's Programmes at Münster University of Applied Sciences (AT PO), candidates may withdraw from an examination if the examination performance has not been rendered or has not been rendered in good time due to illness or other good cause before or during the examination.

Section 11 (2) AT PO „A withdrawal must be declared promptly. The pleaded reasons for the withdrawal or failure to attend must be submitted convincingly to the Examination Committee in writing immediately. If a candidate falls ill, he or she must provide, on their own initiative, a medical certificate attesting their inability to sit the examination due to illness (without stating information about the findings or diagnosis). In principle, medical certificates must be obtained immediately, i.e. on the day of the examination or no later than the day after and must be submitted to the Examination Committee in original form no later than three working days after the examination date.“

Explanation for the general practitioner

According to the Examination Regulations, if a student fails to attend an examination or withdraws from it during or after the examination for health reasons, he or she must provide credible evidence of illness to the Examination Committee. A medical certificate is required for this.

Note: An informal medical certificate may also be issued, provided that it contains the following information.

1.) Name of person examined:

Surname

First name

Date of birth

2.) Statement by general practitioner:

Based on today's medical examination, the patient is unable, from a medical perspective, to sit an examination.

Duration of inability to sit examinations from _____ up to and including _____

Date, doctor's surgery stamp and signature

PO Box 30 20 • D-48016 Münster
Phone: +49 251 83 65511 • Fax: +49 251 83 65512 • Email: PA-Wirtschaft@fh-muenster.de

(Examination Office: withdrawal registered in the system: _____)