



## Registration for the examination in the Department of Engineering Physics

**First download the form and then fill it out with Acrobat Reader**

**Examination period: SoSe/WiSe\_\_\_\_\_**

<b>Surname</b>	<b>First name</b>	<b>Matrikulation number</b>
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<b>E-Mail Address</b> (please only use the official "@fh-muenster.de" account)
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**Study programm - Master Photonics**

**I would like to apply for the following examinations:**

<b>Module</b>	<b>Attempt</b>	<b>Exam date</b>
<b>Module</b>	<b>Attempt</b>	<b>Exam date</b>
<b>Module</b>	<b>Attempt</b>	<b>Exam date</b>
<b>Module</b>	<b>Attempt</b>	<b>Exam date</b>

**Date**

.....

**Signature Applicant**

By E-Mail to [pruefungsamt-phy@fh-muenster.de](mailto:pruefungsamt-phy@fh-muenster.de) or to be handed in at the examination office in room A 206.

**Please do not forget your signature!!!!**