Bergische Universität Wuppertal **Examination Office**

Registration for an exam

Degree program:_____

Name: _____ Matr.-nr.: _____

I hereby register for an examination with

☐ limited repeatability

☐ unlimited repeatability

Module name: _____

Module nr: _____ Attempt nr: _____

Examination date: _____

Examiner: _____

II confirm that I have fulfilled all the requirements for registering for this examination in accordance with the examination regulations applicable to me. If I do not appear for the examination without giving a valid reason, I will be deemed to have failed the examination.

Wuppertal, _____ _____

(Date) (Signature)