



Universität Siegen  
Prüfungsamt ETI  
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To the Chairman of the  
Board of Examiners

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Room: H-E 211, H-E 212

**Withdrawal from Exam Registration due to:**

Medical Condition

Illness of a child whom you have to care for predominantly yourself

Surname/Firstname: \_\_\_\_\_

Matrikulation No.: \_\_\_\_\_

Student Email Adress: \_\_\_\_\_

Study Course: \_\_\_\_\_

I hereby declare my withdrawal from the following subjects:

Name of the Exam	Examiner	Exam Date

Attachment: Medical Certificate

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Student Signature