



**Application for Approval of Withdrawal from SS 2020 Registered  
Examinations (if possible by scan as a file attachment  
via the [contact form](#) or by fax 0711 685-64628)**

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\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Student Id No.

\_\_\_\_\_  
Student email address (.....@stud.uni-stuttgart.de)

\_\_\_\_\_  
Degree Program

To Examination office

Exam. date

Exam. No.

Examination

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\_\_\_\_\_

Date

Student's Signature

\_\_\_\_\_

\_\_\_\_\_

The withdrawal is:

\*  approved

\*  not approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Examination Office

\*Please check the relevant box