## Registration Form for Individually Agreed Exams Otto-von-Guericke University Magdeburg Faculty of Computer Science

Herewith I register for the exam. Please check all that apply (grey shaded boxes).

Bachelor program	Master program		Diploma program	
ORAL EXAM	TERM PAPER	PRESENTATION		SCIENTIFIC PROJECT
Course title / topic				
(if applicable):				
Name, surname:			_ Matr.	no
Course of studies:			_	
For term paper:	Beginning:		Subm	nission:
Date of exam:				
Time:			Room	n:
Examiner:				
Classification:				
Credit Points:				
I attended the above	-mentioned course i	n winter semester	/ sumi	mer semester
I took notice of the fac days before the exami		must be submitted t	to the e	examination office no later than 14
A cancellation without and Master students n				er than 14 days and for Bachelor
A <b>change of examina</b> date and must include				ee days before the above-mentioned xamination office.
		_		
Signature of Examiner	Signatu	Signature of Student		