



**Form**

Matriculation No.

-    -

**Annulment Request for Mobility Examinations**

**Personal Information**

Mr     Ms

Surname, First Name \_\_\_\_\_

Street, Postcode/City \_\_\_\_\_

E-Mail \_\_\_\_\_

Home University \_\_\_\_\_

Contact Person \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_  
(Home University) (Home University)

**Note:**

- Please enter the mobility examinations that you would like to annul on the list below.
- Add a medical certificate or a similar document.
- Submit this form – *properly completed and signed* – and a medical certificate or other supporting documents no later than *5 days after the missed examination* at the front desk of the Dean's Office.

I would like to annul the following examinations:

Semester	Module	Date of examination



Matriculation No.

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Reasons**

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Place/Date

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Signature

Submit this form and a medical certificate or other supporting documents to the Student Center by using the contact form: <https://www.ius.uzh.ch/de/studies/contact-form.html>