

Nur für Austauschstudenten/
Only for exchange students

Antrag auf Exmatrikulation/Request for de-registration

Matrikelnummer/Student ID no.

Persönliche Angaben/Personal information

Familienname/Family name _____

Vorname/First name _____

Geburtsdatum/Birth date _____

Privatanschrift/Home address

Straße/Street _____

PLZ, Ort/Zipcode, place _____

Land/Country _____

E-Mail/E-mail _____

Studiengang/Course of studies _____

Exmatrikulation/De-registration

Grund/Reason for the de-registration Hochschulwechsel (04)/Change of university

Sonstige/Other _____

Exmatrikuliert zum/De-registration date (usually your last day in Schmalkalden)

Before requesting de-registration, please retrieve a (physical or digital) signature from the following place indicating that there are no pending claims against you:

- Bibliothek/Library

Ort, Datum/Place, date _____

Unterschrift/Signature _____