



Application for the granting of aids

1. Applicant

Surname, first name	Telephone number
Nationality	Matriculation number
Study programme	e-mail

2. Indication of individual reasons

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Examination period
Examination numbers

I acknowledge that the application must be submitted by the end of the examination registration period at the latest.

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Date and Place

.....
Signature of the applicant

3. Requested aids

English translation of the exam questions

Note: Only the German version is legally binding. The English translation is created automatically and is not an authorised version. It is the sole responsibility of the student to check the translation for translation errors.

Dictionary

Please specify desired edition and print run.

Other aids

Please specify.

3. Statement of the chairperson of the examination board

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Place and date

Signature of the chairperson of the examination board