

## Request to the Examination Board of International Business

Department: \_\_\_\_\_ FB3 \_\_\_\_\_ Study Programme: \_\_\_\_\_

Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Zip Code, City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student ID: \_\_\_\_\_

Current Semester/Term: \_\_\_\_\_

**The following request relates to:**

Examination related Topics<sup>1</sup>     Internship<sup>2</sup>

Other      \* Please state a short description of your request. Additional Statements on separate sheet.

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<sup>1</sup> Please include written proof inkl. Print of all LSF Leistungsübersichten, Attestations etc.! Without the Leistungsübersichten your request will not be proceeded.

<sup>2</sup> Please include written proof, such as 30 refusals, other attestations, Statements

Berlin, \_\_\_\_\_ Date \_\_\_\_\_ Signature of the Student/applicant \_\_\_\_\_

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Approval of the Examination Board: \_\_\_\_\_  
Date/Signature