

University of Applied Sciences

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	s to:
☐ Examination related Topics ¹	☐ Internship²
Other * Please state a short description of yo	our request. Additional Statements on separate sheet.
¹ Please include written proof inkl. Print of all LS Leistungsübersichten your request will not be pr ² Please include written proof, such as 30 refusa	SF Leistungsübersichten, Attestations etc.! Without the roceeded. als, other attestations, Statements
Berlin,	
Date	Signature of the Student/applicant
*********	***********
Approval of the Examination Board	۸۰
Date/Signature	