

exam registration

*The registration is to be submitted to the examination office
at least **2 weeks** bevor the exam date.*

If you want to register for more than one exam, please fill out a registration form for each exam.

Last name, first name: _____

Matriculation No.: _____

E-Mail-Address: _____

Study programme: Advanced Quantum Physics

degree: Master

I hereby bindingly register fort he following module examination

Examination: _____

Module:

- ☐ Quantum Technologies
- ☐ Many-Body Quantum Systems
- ☐ Science Electives
- ☐ General Electives

The modules can also consist of partial exams; please enter each one individually.


Examiner: _____

Exam date: _____

The required certificates for this exam

- ☐ have already been received by the examination office KL
- ☐ are attached to the registration form

Kaiserslautern, _____
(Date)



(Signature Student)

Signature examiner	Signature 2nd examiner

Is to be filled in by department 4.2:

- ☐ erforderliche Vorleistungen liegen vor
- ☐ Anmeldung erfasst

Datum, Kürzel