Subject-Specific Examination Board
Cognitive Systems
University of Ulm
Prof. Dr. Birte Glimm
James-Franck-Ring
89069 Ulm

Name …….. Immatr.No. ……..

Address ……..

Email ……@uni-ulm.de

Semester ……..

Consultation about *(please choose)*

Field for internal remarks

- ☐ Deadline extension for handing in the master's thesis (with approval of the supervisor) from …… to ……
- ☐ Change of how study achievements are mapped
- ☐ Recognition of external study achievements
- ☐ ……

Attachments *(please check)*

- ☐ Transcript of records **(mandatory for all kinds of requests)**
- ☐ Approval of the supervisor for a thesis deadline extension
- ☐ Forms for recognition of study achievements + module/course descriptions
- ☐ Medical certificate dated …….. covering the period from …….. to ……..
- ☐ ……

- ☐ I have not made an application to the subject-specific examination board before.
- ☐ I have already made the following applications:

  ……

I assure that the above made statements are complete and correct.

…….. ……..
City, Date Signature