Request* to the Examination Board of the Study Program IB at the Georg Simon Ohm University of Applied Sciences Nuremberg

Personal Data:			
Family Name: ☐ Mrs/Ms ☐ Mr		Enrolment. No.	
First name(s):		Semester:	
Street:		Phone:	
Postal code, city:		Email:	

Reasons for the Request:
☐ The text will be continued on another page.

☐ The following documents are enclosed:

1. .....
2. .....

Nuremberg, ... Signature: .....

**) Please use another form for the recognition of courses from former studies and for the recognition of courses taken abroad!*