Universität Münster

Examinations Office I / Prüfungsamt I
Operating unit of the faculties 1, 2, 6, 7, 8, 9, 15, 16

Final Module Examination (Oral): Registration

☐ Master of Education

☐ Master of Arts

☐ Master of Arts (Defense of the Master's Thesis)

Please note: Please check in advance whether you need to register for your exam using a form or electronically through the exam administration system.

Last name, first name: _____

Matriculation nr.: _____ Phone: _____

E-Mail: _____

Registration date (to be filled out by the examination office): _____

☐ MEd G	☐ MEd HRSGe	■ MEd GymGes	☐ MEd BK
☐ MA NTS	☐ MA BAPS	☐ Other (please specify):	

Exam details:

Course title: _____

Complete module title: _____

First examiner: _____

Second examiner and/or observer: _____

Examination attempt: ☐ 1st attempt ☐ 2nd attempt ☐ 3rd attempt

Scheduling:

(please complete either A or B, see notes on p. 2 for further explanation)

A: Oral exams scheduled by the examination office

Please insert the applicable exam and indicate potential overlaps with other exams during this period:

Exam period: _____

Other exams during this period (subject, date and time): _____

B: Oral exams scheduled by the department/ by examiner and exam candidate

Please insert agreed time and date: _____

Exam date and time: _____

Verification of Admission Requirements

☐ The exam candidate fulfills all admission requirements for this examination.

☐ Admission to this examination is granted under the condition that the candidate provides proof of having met all requirements by the examination date.

☐ There are not specific admission requirements for this exam.

This verification loses its validity if the candidate terminates their enrollment into the relevant degree programme (i.e., especially in the case of withdrawal from the university, change of study program or university, revocation of enrollment, or failure to re-register). This confirmation also becomes invalid if a leave of absence is granted by the Student Admissions Office, specifically from the beginning of the semester for which the leave of absence applies.

Münster,

Date	Signature (Examiner or Module Representative or Study Coordinator)	Institute stamp

Münster,

Date	Signature First Examiner	Institute stamp

Münster,

Date	Signature Second Examiner	Institute stamp

Note:
Scheduling option A: This concerns oral exams which are scheduled and organized by the Examination Office I (Prüfungsamt I) during set exam periods. Please refer to their homepage to see to which exams this applies and to find registration deadlines for the upcoming examination periods.

Scheduling option B: This concerns oral exams which are scheduled by the examiner and the candidate and/or the relevant department. In this case, the completed registration form must be submitted to the Examination Office I no later than 14 days before the agreed examination date.

An examination date may be rescheduled on short notice in the event of unforeseen circumstances, such as an examiner's illness. If the candidate cannot attend the exam due to illness or similar reasons, they must immediately notify both the examination office and the examiner and submit proof (e.g. a medical certificate) to the examination office without delay (within 3 working days). If a candidate is absent from the exam without giving notice and providing proof of a valid reason for their absence, the exam will be graded as failed (5.0).

The complete registration form must be submitted to the Examination Office I by the deadlines posted on their official homepage. If exams are scheduled on the level of an individual department but not by individual examiners, candidates must adhere to the deadlines posted by the department.

Münster,

Date	Signature Candidate