Westfälische Wilhelms-Universität Münster (University of Münster)
Studierendensekretariat (Student Admissions Office)
Schlossplatz 2
48149 Münster

<table>
<thead>
<tr>
<th>Request for Cancellation of Enrolment for a Degree Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>last name, first name</td>
</tr>
<tr>
<td>student ID number</td>
</tr>
<tr>
<td>date of birth</td>
</tr>
<tr>
<td>street, no., postcode, town</td>
</tr>
<tr>
<td>phone</td>
</tr>
</tbody>
</table>

I request the cancellation of my enrolment for the degree course

________________________________________________________

at the end of

☐ the summer semester (30 September)
☐ the winter semester (31 March).

Reason:

☐ completion of studies
   date of the last examination or degree-relevant examination (Prüfungsleistung):
   __________________________

☐ termination of studies

Note:

In the first half of a semester, enrolment for a degree course can be cancelled retrospectively provided no required coursework has been submitted or degree-relevant examinations taken in that semester. For requests made from 1 July/2 January of a summer/winter semester, cancellation becomes effective at the end of the respective semester.

If the reason for cancellation is completion of studies, please enclose a copy of the degree certificate, showing the date and final overall grade.
For the following subjects, you will have to enclose a confirmation of release (Entlastungsbescheinigung):

- Pharmacy (Institut für Pharmazeutische Chemie, Corrensstraße 48),
- Music/Musical Practice and New Media and Musicology (Institut für Musikwissenschaft und Musikpädagogik, Philippstraße 2),
- Master's degree course Clinical Music Therapy (Klinische Musiktherapie) (Administrative Office of the degree course Clinical Music Therapy, Philippstraße 2),
- Didactics of Geography, Geography, Geoinformatics and Landscape Ecology (library, Geowissenschaften I, Heisenbergstraße 2),
- Students of Dentistry have to enclose a confirmation of release issued by the secretary's office (contact: Frau I. Weers) of Professor Petra Scheutzel, the Dentistry Teaching Coordinator (Waldeyerstraße 30, 48149 Münster).

With my signature, I confirm that I have read the above note and that the information I have provided is correct. I enclose a self-addressed stamped envelope (€0.70) and a photocopy of my student ID card.

__________________ ______________________________
(date) (signature of student)