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>
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<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>
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<tr>
<td>phone</td>
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</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 (€0.80) and a photocopy of my student ID card.

__________________  ______________________________
(date)  (signature of student)