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 an authenticated 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)