



Please enclose a confirmation of release (*Entlastungsbescheinigung*) with this de-registration form for the following subjects:

- **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 programme **Clinical Music Therapy** (administrative office of the degree programme Clinical Music Therapy, Philippstraße 2),
- **Didactics of Geography, (Human) Geography, Geoinformatics, Landscape Ecology, Water Sciences and Geospatial Technologies** (library, Geowissenschaften I, Heisenbergstraße 2),
- Students of **Dentistry** must 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).

Reason for de-registration:

<input type="checkbox"/>	completion of studies after passing examination (if applicable: please enclose copy of certificate)
<input type="checkbox"/>	transfer to another university
<input type="checkbox"/>	termination of studies
<input type="checkbox"/>	termination of studies after final failed attempt at examination
<input type="checkbox"/>	interruption of studies
<input type="checkbox"/>	termination of studies without examination
<input type="checkbox"/>	studies not started (first-year students until the first half of first semester)
<input type="checkbox"/>	other:

I declare that I will not submit any required coursework or take any degree-relevant examination in the semester specified above after my de-registration.

I hereby confirm that the information above is correct and that I have read the notes on de-registration. I understand that I will no longer be a member of the University of Münster after 30 September/31 March and that, according to § 7 (5), sentence 4 of the Enrolment Regulations, I am obliged to return the student ID card to WWU Münster, Student Admissions Office (Studierendensekretariat), Schlossplatz 2, 48149 Münster.

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(date)

\_\_\_\_\_  
(signature)