



**Form accompanying a medical certificate establishing a student's inability to take an examination
(in accordance with the examination regulations of the respective degree programme)**

A To be completed by the student:

Surname, first name
(of the student): _____ Matriculation no. 90 _____

Degree programme: _____ Site:
 Sankt Augustin / Rheinbach

Bachelor's Examination Regulations Master's Examination Regulations

BPO version: 20 _____ MPO-Version: 20 _____

The medical certificate applies to the following examinations:

Examination date	Precise examination title	Examination no.

extension of the submission deadline for the thesis; previous submission date: _____

Date, Student's signature

B To be completed by the attending doctor:

Medical certificate:

Today's examination of the above-named patient produced the following results from a medical perspective:

The student is unable to take an examination Yes No

Period in which the student will be unable to take an examination (please enter a specific date)

From _____ to _____

Date, Doctor's signature and practice stamp

Form accompanying a medical certificate establishing a student's inability to take an examination

Surname, first name
(of the student):

Matriculation no. 90

(only to be completed if page 2 is printed separately)

Processing note from the examination office

Medical certificate accepted: Yes No

recorded on: _____

Notes

Please observe the following instructions:

The form accompanying the medical certificate establishing a student's inability to take an examination ...

- must have been issued on the day of the examination at the latest
- must be posted in the postbox provided for this purpose by the examination office no later than the third working day after it is issued. The postbox in Sankt Augustin is located in Building E between offices E047 and E048 (grey cabinet) and in Rheinbach in the postbox in front of the building
- may alternatively be sent by post to the following address:
(The date on the postmark will be used to determine whether the confirmation has been despatched within the deadline)

Examination Office Sankt Augustin, Grantham-Allee 20, 53757 Sankt Augustin

Examination Office Rheinbach, Von-Liebig-Straße 20, 53359 Rheinbach

- may, for good measure, be scanned/photographed before forwarding and sent by email to the following addresses with the subject "Withdrawal from an examination with a doctor's note":

Examination Office Sankt Augustin: pruefungenfb01ca@h-brs.de

Examination Office Rheinbach:

Bachelor: pruefungenfb01cr@h-brs.de

Master: pruefungenmastercr@h-brs.de