Goethe University
Faculty of Economics and Business

Approval for Prescheduled Examinations

Family Name, First Name: _____

Student ID Goethe University: _____

E-Mail Address: _____

Home Institution: _____

1. Confirmation Home Institution

Lecture Period in Frankfurt: **17 October 2022 – 10 February 2023**

Examination Period in Frankfurt: **13 February 2023 – 24 February 2023**

With my signature, I confirm that the above-mentioned student cannot attend the examination(s) as scheduled, because the semester at our institution starts before the scheduled examination date(s) in Frankfurt and the student has to leave earlier because attendance at the home institution is compulsory at the semester beginning.

Because of this situation, the student leaves Frankfurt on: _____

_____ _____

Date Responsible Person's Name and Signature

2. Confirmation Examiner

With my signature, I confirm that I approved to offer a prescheduled exam for the student named above. I will arrange details with the student.

Exam ID	Course Code	Course Title	Examiner	Examiner's Signature

3. Confirmation Exchange Student

With my signature, I confirm that I want to take a **prescheduled exam <u>instead</u> of the regular exam** in the courses mentioned above, because I will leave Frankfurt before the scheduled examination date. I will arrange details with each examiner.

_____ _____

Date Exchange Student's Signature