

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: 14/ 10/ 2019 – 14/ 02/ 2020

Examination Period in Frankfurt: 17/ 02/ 2020 – 06/ 03/ 2020

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.

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 instead 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