



Application for Exmatriculation

Matriculation No.:

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In **personal** exmatriculation, please produce your identity card + the library control slip, with a **postal** exmatriculation, a copy of your identity card. **(Please enter a cross or tick)**

Name:

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First name:

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Reason for Exmatriculation: (Please enter respective key)

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If applicable, Date of Examination: (Please enter)

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<p>Key (Reason for Exmatriculation) Graduation with passed examination: 11 Degree 12 Teaching Cert. Primary level 13 Teaching Cert. Primary level (Social Pedagogy). 14 Teaching Cert. Secondary Lev. I 15 Teaching Cert. Secondary Lev. I Social Pedagogy. Teaching Cert. Secondary Lev. II without vocational subject 16 Teaching Cert. Secondary Lev. II without vocational subject 17 Teaching Cert. Secondary Lev. II with vocational subject 18 Doctorate, that requires another final exam 19 Other final exam 21 Teaching Cert Primary-Middle-Sec. and GS SP Primary School 24 Teaching Cert. Primary-Middle-Sec. and GS SP HRG 25 Teaching Cert. Grammar and Comprehensive High Schools 27 Teaching Cert. Vocational College 34 Teaching Cert. Special Education 35 BACHELOR 36 MASTER</p>	<p>Other reasons: 20 Exam not yet completed 30 Ending of studies without qualification, none possible exist 40 University change 50 Draft for military or civil service 61 Studies abandoned 62 Studies interrupted</p> <p>Exmatriculation by the University: 70 Cancellation due to lack of re-registration 80 Failed final exam 91 Rejection of matriculation 92 Death 93 Other reasons 94 Passed graduation exam</p>	<p>To be completed only by the Registrar!</p> <p>EXMA - Application date: _____</p> <p>EXMA - Date: _____</p> <p><input type="checkbox"/> Refund applied for/Social contribution deleted</p> <p><input type="checkbox"/> Student Id. Card (Chip card) recovered</p> <p><input type="checkbox"/> Exma - Cert. issued</p> <p>processed: _____</p>
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DATE OF EXMATRICULATION: When should the Exmatriculation take effect?

- At the end of SS/WS _____ (SS = 30th September, WS = 31st March)
- With immediate effect:

The student Id. card (chip card) must be submitted and included. Membership of the DSHS Cologne and the validity of the student Id. card expires with immediate effect.

Please issue me an Exmatriculation Certificate

Please send this certificate to: the current address my new address (please complete details)

Street, House No.: _____

Postcode:/City: _____ Tel./Mobile: _____

STATUTORY DECLARATION:
 I hereby declare under oath, that I have no liabilities to DSHS Cologne. I declare I am of the knowledge that the exmatriculation is **not an automatic deregistration from an exam** in the examination period belonging to the semester of exmatriculation.
 If you have already transferred the fee for the next semester, then please send us your bank details **in writing** (also by e-mail), so that we can refund this amount.

Date _____ Signature _____