



Form

Matriculation No.

- -

Annulment Request for Mobility Examinations

Personal Information

Mr Ms

Surname, First Name _____

Street, Postcode/City _____

E-Mail _____

Home University _____

Contact Person _____

E-Mail _____ Phone _____
(Home University) (Home University)

Note:

- Please enter the mobility examinations that you would like to annul on the list below.
- Add a medical certificate or a similar document.
- Submit this form – *properly completed and signed* – and a medical certificate or other supporting documents no later than *5 days after the missed examination* at the front desk of the Dean’s Office.

I would like to annul the following examinations:

Semester	Module	Date of examination



Matriculation No.

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Reasons

Place/Date

Signature

Submit this form and a medical certificate or other supporting documents at the Service Desk of the Dean's Office (room RAI G 001) or by mail to:

University of Zurich
Faculty of Law
Mobility Office
lic. iur. Johanna van der Sluijs
Rämistrasse 74/2
8001 Zürich