**AFMELDING til Omprøve/eksamen/sygeeksamen / Deregistration from re-examination or exam**

|  |  |  |
| --- | --- | --- |
| Studienummer/Student number: | | Cpr.nr./civil registration number: |
| Fornavn(e)/First name: | Efternavn/Last name: | |
| Adresse/Address: | Postnr. og by/Postcode and city: | |
| Uddannelsesretning/Branch of study: | Student-mail: | |

**Undertegnede ønsker at afmelde nedenstående eksamen(er) /  
The undersigned requests on deregistration from the exam(s) below:**

| **Eksamensaktivitet / Exam activity** | **Eksamensdato / Date for exam** |
| --- | --- |
|  |  |
|  |  |
|  |  |

Dato/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
  
Underskrift/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Afleveres til/Must be handed in to:  
**Studiesekretæren, Strandvejen 12-14 , 9000 Aalborg for Aalborg-studerende,  
Sara Lindberg Hildebrandt, Niels Bohrsvej 8, 6700 Esbjerg for Esbjerg-studerende og   
Christina Maxwell Berthou/Pia Skovlund Jensen, Frederikskaj 10A for København-studerende.**