

## Exmatriculation after passing the final examination

Family name, first name: \_\_\_\_\_

Matricule number: \_\_\_\_\_

Study program: \_\_\_\_\_

I request that I be dismissed from my studies

at the end of the month in which the certificate is issued/delivered

at the end of the semester

\_\_\_\_\_, \_\_\_\_\_  
(Place, date) (Signature)

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Congratulations on successfully completing your studies. We wish you luck, success and health on your future career path. But we would also like to stay in touch with you after your graduation.

### *Optional Information*

Family name, first name: \_\_\_\_\_

Study program: \_\_\_\_\_

E-mail: \_\_\_\_\_

Yes, I would like to take part in the graduate survey

I agree to be contacted by the TH Lübeck by e-mail. I authorize the TH Lübeck to store and process this data in accordance with data protection regulations. My data will not be passed on to third parties at any time.

\_\_\_\_\_, \_\_\_\_\_  
(Place, date) (Signature)