



Exam Registration Form*

(if possible by scan as a file attachment via the [contact form](#)
or by fax 0711 685-64628)

Last name, first name Matriculation No.

Address - - - - -

Post code Town / City Country Telephone

Instructions:

1. Please put down your matriculation number, your name and your full address.
2. Add the current date and sign the form.
3. Please avoid any corrections.

Degree (Please mark where applicable.)

Study program (Please name your study program.)

- Bachelor of Arts
- Bachelor of Arts (Lehramt)
- Master of Arts
- Bachelor of Science
- Master of Science
- Teaching Qualification Program (GymPO)
- Master of Education

Computational Linguistics

Exam. date	Examinaion No.	Examination Name	Examiner
- - - - -	72391	Comp. Ling. Research Module	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date

Signature

Please note that incomplete forms cannot be processed!

*Please use this form only if you cannot register for an exam via the online C@MPUS (campus.uni-stuttgart.de).