

## Attachment sick note/medical certificate

An den  
Prüfungsausschuss Informatik  
Römerstraße 164  
53117 Bonn

Last Name, First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Matriculation No.: \_\_\_\_\_ email: \_\_\_\_\_

**Duration of illness:** .....

Extension of time period for carrying out the Master Thesis

missed exams:

Module No.	Course title	Exam date

.....  
Signature student

**ATTACHMENT  
sick note/medical certificate**

received by examination board on:

Entry POS: