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| **ANNULLERING AF EKSAMEN PÅ GRUND AF SYGDOM / PERMISSION TO UNREGISTER EXAMS IN CONNECTION WITH ILLNESS** |
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| PERSONLIGE OPLYSNINGER / PERSONAL DATA |

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| Cpr.nr. / CPR No.: |  |
| Studienummer/Student No.: |  |
| Navn / Name: |  |
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|  |  |
| Tlf. / Phone: | E-mail: |
| Studie / Programme: | |
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| PRØVE / EXAM |

Hvis du på grund af sygdom eller lignende ikke har deltaget i/fuldført en prøve, kan Studienævnet give tilladelse til annullering af eksamen uden brug af et eksamensforsøg / If you have been unable to attend or complete an exam because of illness or the like, you can apply to the Study Committee for permission to unregister exams not using the exam attempt.

På grund af sygdom har jeg ikke deltaget i/fuldført følgende prøver / Because of illness I have not been able to attend/complete the following exams:

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| Prøve / Exam | Dato / Date | Mundtligt forsvar\* / Oral presentation\* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ |

*\* Sæt kryds hvis sygdommen kun berører mundtligt forsvar af et skriftligt projekt / Cross off if the illness is in connection with an oral presentation of a written project only.*

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| OMEKSAMEN / RE-EXAM |

Har du været syg til ordinær eksamen kan du vælge at tilmelde dig omeksamen / If you were ill at the ordinary exam you can mark that you want to register for the re-exam.

Omeksamen ønskes \_\_\_\_\_ (sæt x) / Re-exam requested \_\_\_\_\_ (mark).

Har du været syg til reeksamen eller *både* den ordinære eksamen *og* reeksamen, er du selv ansvarlig for hurtigst muligt at kontakte din studievejledning for en samtale omkring, hvornår du skal tilmeldes eksamen næste gang.

If you were ill at the re-exam or *both* the ordinary exam *and* the re-exam, it is your own responsibility to contact the student counsellor’s office as soon as possible to enquire about how and when it is possible to attend the missing exam.

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| DOCUMENTATION / DOKUMENTATION |

Husk at vedlægge **lægeerklæring**, dækkende perioden for de anførte prøver. Sygemeldingen skal udstedes af lægen senest på eksamensdagen. / Remember to attach a **medical certificate** from your doctor covering the dates of the above-mentioned exams. The medical certificate should be issued by the doctor on the day of the exam at the latest.

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| UNDERSKRIFT / SIGNATURE |

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| --- | --- |
| Dato / Date: | Underskrift / Signature: |

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| BLANKETTEN RETURNERES TIL / RETURN THIS FORM TO |

For Studerende på **Campus Aarhus**

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| Ask Aarhus BSS Student Services Tåsingegade 3, building 1443, room 021 8000 Aarhus C  Aarhus BSS Student services Fuglesangs Allé 4, building 2610, 4th floor  8210 Aarhus V |

For spørgsmål kontakt Ask Aarhus BSS Student Services på 87152374 eller 87164026 eller pr. mail til studentservices.bss@au.dk / If you have questions, please contact Ask Aarhus BSS Student Services, phone +4587152374 or +4587164026 or mail to studentservices.bss@au.dk

For Studerende på **Campus Herning**

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| Ask Aarhus BSS Student Services  Birk Centerpark 15 |
| DK-7400 Herning |

For spørgsmål kontakt Ask Aarhus BSS Student Services – Herning på 87151908 eller pr. mail til info.auhe@au.dk / If you have questions, please contact Ask Aarhus BSS Student Services – Herning , phone +45 87151908 or mail to info.auhe@au.dk.