

Request form for issuance of the final academic record and certificate for the Bachelor's degree program

## **Business Administration / International Business Administration**

(In accordance with the applicable version of the examination regulations for the above-named degree program at the Catholic University of Eichstätt-Ingolstadt)

	First name(s) as stated in birth certificate	
Current correspondence address: Street, zip code, city	y	
Date of birth	Place of birth and country of birth	
Telephone	Private e-mail address	
Chosen specialization (major)	Chosen business language	Semester of the program
Student registration number	Day of the last piece of assessed v	work
I have successfully completed all asses sub-categories of the program (required will not complete any further assessment	d area, required elective area, elective	
All assessment components necessary registered in KU-Campus and I have ch		
An application in accordance with the c Section 19 para. 3 (examination regulat		(Section 7 para. 2 and/or

I hereby apply for deletion of the following modules (please state module title & module code):

Please issue an overview of these deleted additional course achievements.

My course of study is governed by the following examination regulations (PO): \_\_\_\_\_

Grade, supervisor Bachelor's thesis: \_\_\_\_\_

Ingolstadt, dated \_\_\_\_\_