



Offline-Registration for Exams at the Department of Computer and Information Science

Name: _____

Student ID: _____

E-Mail address: _____

Course of Studies:

BA Informatik HF PO 2015
 BA Informatik HF PO 2018
 BA Information Engineering HF PO 2015
 BA Informatik NF PO 2011
 BA Informatik NF PO 2018
 BA of Educ Informatik HF PO 2018

MA Computer and Information Science HF PO 2015
 MA of Educ HF PO 2018
 MA of Educ EF PO 2018
 Lehramt (teacher) Informatik HF PO 2009
 Lehramt (teacher) Informatik EF PO 2009

Other degree: _____

| Lecturer | Course Title | Course Number | Assignment of Courses (as per Examination Regulations) |
|----------|--------------|---------------|--|
| | | | |
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Reason:

Signature: _____

Date: _____

Note:

1. **We only process completely filled-in forms.**
2. The registration periods are announced on our website.
3. Please submit the form to:
 University of Konstanz
 Department of Computer and Information Science
 c/o Mrs Rellstab
 PZ 807 – Box 188