



Examination Office  
C2.326

## Exam Registration 3<sup>rd</sup> Attempt

### PERSONAL INFORMATION

LAST NAME

FIRST NAME

REGISTRATION NO.

MASTER PROGRAM Electrical Systems Engineering

### EXAM INFORMATION

EXAM NO.

EXAM NAME

EXAMINER

TYPE OF EXAM oral

By signing below, I acknowledge the following:

- a) I know the examination regulations for the Master's Programm in Electrical Systems Engineering at the University of Paderborn.
- b) I will not be able to take this exam again, because it will be the last attempt.
- c) If I fail this exam, I will be disenrolled from the Master's Programm in Electrical Systems Engineering.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)