#### **JOHANNES GUTENBERG UNIVERSITY MAINZ**

Registrar's Office Faculty 05 Philosophy and Philology 55099 Mainz, Germany

Tel.: +49 6131 39-20018 Fax: +49 6131 39-20085

E-Mail: pruefungsamtfb05@uni-mainz.de



# **Doctor's Excuse Form**

### Please note:

This form may be submitted in original, via fax or as a PDF file via email. Please note that other file formats are not legally acceptable. For detailed information in German, please visit our website: <a href="http://www.fb05.uni-mainz.de/265.php">http://www.fb05.uni-mainz.de/265.php</a>

| A. Personal Details o                                 | f the Studer     | nt:                    |                     |                     |                 |
|---|------------------|------------------------|---------------------|---------------------|-----------------|
| Last Name   | First Name       |                        |                     |                     |                 |
| Registration Number:                                  |                  |                        |                     |                     |                 |
| Address   |                  |                        |                     |                     |                 |
| Degree Course   |                  |                        |                     |                     |                 |
| Scheduled Examinations                                | Missed           |                        |                     |                     |                 |
| Subject   | Date             | Туре                   |                     | Module              |                 |
| 1   |                  | □ Writte               | en $\square$        | Oral                |                 |
| 2   |                  | ☐ Writte               | en 🗆                | Oral                |                 |
| 3   |                  | □ Writte               |                     | Oral                |                 |
| Fating at add district and after                      | . :!!            |                        |                     |                     |                 |
| Estimated duration of the Began on:                   | e iliness        | Is th                  | is an extension     | of a previous excus | <br>se?         |
| Approximate End:                                      |                  |                        |                     | □ No                | <del>/C ·</del> |
|   |                  |                        |                     |                     |                 |
| B. Medical Details:  Please provide details about the | he symptoms. Ple | ease note that we do r | not require a diagr | nosis.              |                 |
| Doctor's Office Address                               |                  | <br>Date               | Doctor's Sign       |                     |                 |

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## **Information Sheet**

- ❖ In the event that you are ill and not able to participate in a scheduled examination, you are required by law to provide the university with a written doctor's excuse. If you are ill and unable to participate in your exam, please contact us as soon as possible by phone or email.
- ❖ Please send us a copy of the completed doctor's excuse form via email or fax, if possible. We additionally require the original copy for our file, which should be sent by mail.
- ❖ The excuse should be submitted within three calendar days after the beginning of the illness. If we do not receive a doctor's excuse within three days after the scheduled examination date, you will receive a failing grade.
- If you have any questions, please contact our office.