

**Withdrawal from an attendance examination on the occasion of contact with a person infected with Covid-19-virus outside the withdrawal period.**

I hereby declare my withdrawal from the following examination:

Exam Date	
Exam no. in unisono	
Module element or course	
Name of the examiner	

Justification:

I was informed outside the deregistration period by the named exam that I had contact with an infected person. The information was provided by:

(Please mark where applicable):

personal communication of the infected person and/or

Corona app red warning

The infected person lives with me in the same household:    yes    no

*(if "yes": Please attach test result for the infected person as well as proof of the common address).*

The warning was issued on: \_\_\_\_\_

The contact was on:                    \_\_\_\_\_

I certify that the above information is correct. I have been informed that the responsible examination board may request proof of information regarding contact with an infected person, and that in the event that no proof is provided, my absence may be deemed to be an unexcused withdrawal and the examination may thus be deemed to have been failed in accordance with the regulation in the examination regulations relevant to me.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Matriculation number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature