

Genehmigt:

An
Campus Straubing (SSCS)
Schulgasse 22
94315 Straubing

.....
Datum, Unterschrift Prüfungsausschuss

Antrag auf **Prüfungsrücktritt**

Name

Vorname

Anschrift

B.Sc / M.Sc

Fachsemester

Studiengang

Telefonnummer

E-Mail-Adresse

Aus gesundheitlichen Gründen* kann/konnte ich an folgenden Prüfungen nicht teilnehmen:

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| 1. | Datum |
| 2. | Datum |
| 3. | Datum |
| 4. | Datum |
| 5. | Datum |
| 6. | Datum |

* Bei anderen Gründen, diese bitte im Bemerkungsfeld eintragen und mit entsprechendem Nachweis versehen

Weitere Bemerkungen

Ein ärztliches Attest (ggf. Vertrauensärztliches Attest), aus dem die Prüfungsunfähigkeit nachvollziehbar hervorgeht (bitte unbedingt Informationen [an !\[\]\(3342c215b2a8b663596a81468d5dc314_img.jpg\) !\[\]\(5e22d44aef1f9548ca8274cbfb388e9d_img.jpg\) !\[\]\(b011182daf5a0527ed818f91dc4cf8f7_img.jpg\) !\[\]\(e021942709a217cfed2f781c62feb09c_img.jpg\) !\[\]\(189fbc627457efb1015bb006253636f9_img.jpg\) !\[\]\(5c63a527a8224bcc1aa5b14588c4e309_img.jpg\) !\[\]\(f38c0c46a042d0f17be759ff798545ec_img.jpg\) !\[\]\(5540b5ee82cb3329a0b625f5ff838410_img.jpg\) !\[\]\(85cb9a0629255a6426ad2a3fbcea31b0_img.jpg\) !\[\]\(be8299985f0dd2d5d5afe1202bc9aabd_img.jpg\) !\[\]\(963d1edc7b46af589885b2b791e190e2_img.jpg\) !\[\]\(61591e6d4edad4054f3508f4242b3067_img.jpg\) !\[\]\(45a56748ec139aeb48660e0391c1a1aa_img.jpg\) !\[\]\(f304173eb89c6de48eeb26ab51ac4bda_img.jpg\) !\[\]\(8d21309dc78542786a87d1297c629bdd_img.jpg\) !\[\]\(2c19c584d55668de7e587e9043e68054_img.jpg\) !\[\]\(b8231330d39c40048abe04645de66ecb_img.jpg\) 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!\[\]\(7c6fa26cb54118b05aff60dcccc9485c_img.jpg\) !\[\]\(272b6d14205c5c04a202a37866caef4f_img.jpg\) !\[\]\(dcfbf476431c0210355bee8c63c54592_img.jpg\) !\[\]\(26b57049f2a551fbf263366c25fe9d1e_img.jpg\) !\[\]\(65fc3afb24b311f8c8a985987c529e9e_img.jpg\) !\[\]\(17cf952b26196f6d3820a27106d0cf53_img.jpg\) !\[\]\(95c93699bd7ee9ae346492b9ca356810_img.jpg\) !\[\]\(6ba4938ac05e201809743c5899b239cb_img.jpg\) !\[\]\(5b92364680e57a580988b4044a726772_img.jpg\) !\[\]\(74b2a2163200552a688738f81270d3e3_img.jpg\) !\[\]\(ed605c85060312b407e3ff37fcea4ec4_img.jpg\) !\[\]\(a20c813839aa764291a808c080baecd2_img.jpg\) !\[\]\(92cd708dbba2371592b2952e0937d757_img.jpg\) !\[\]\(89224de021d83e4b6e51652ecb10f4be_img.jpg\) !\[\]\(ed9a22ea20397d28f6ac752bb9803ea6_img.jpg\) !\[\]\(3d5e342dc8799f61439f5fb78402c4ff_img.jpg\) !\[\]\(0d694eeb616c53438659dc82585d8677_img.jpg\) !\[\]\(c11a460e94650f5c6bac825f2fcd049b_img.jpg\) !\[\]\(ffa0bb4e0d58966bd6b32cef2122d13b_img.jpg\) !\[\]\(07243b2edf5c1a8234199e10ba2dde91_img.jpg\) !\[\]\(1b77c2e23e048bfb1037608c340ed04f_img.jpg\) !\[\]\(b7088ea9bb931d58b5bf823c0db49d71_img.jpg\) !\[\]\(4e4eaa1a40c56e94252a3cdebb8fbdd8_img.jpg\) !\[\]\(dc5eb8b2b7c5275abdd54a071958a668_img.jpg\) !\[\]\(fc5ba06b725022177f2fc0e7374801fa_img.jpg\) !\[\]\(33c082cd652d2aef8534cfb43c2ebdc3_img.jpg\) !\[\]\(563332172b70d0291e6bd11c871b68bc_img.jpg\) !\[\]\(3ce1ae3d5391fc8952c4eae4f97d7bb3_img.jpg\) !\[\]\(8741726a03740c1170f2353537a8bb24_img.jpg\) !\[\]\(f9ae7d51f071d90901b0ef57edbe2c7e_img.jpg\) !\[\]\(4287931aade6b2b26c1986db5a578627_img.jpg\) !\[\]\(6296748f467f8a7fe00f3c2586bdd566_img.jpg\) !\[\]\(69c4b4cd504a308c59a43d15d5b1a121_img.jpg\) !\[\]\(59529092d5facee7f59d8a8b15e8bada_img.jpg\) !\[\]\(e6c4db4fd5ab1d9dffd65e4ec29ce5bf_img.jpg\) !\[\]\(e835bf34d32785d63a143c59bd1f9163_img.jpg\) !\[\]\(5ffdcd15ba337994f0fc8ffdec3bcc83_img.jpg\) !\[\]\(e568aa163c3cda6860ef71e76af4b6f8_img.jpg\) !\[\]\(c3d390ef626dd08507821e8b10daa5c4_img.jpg\) !\[\]\(c418c740b6b2eeb7606beb151722276f_img.jpg\) !\[\]\(7569d469d40942a7b6bd8913095fe9f5_img.jpg\) !\[\]\(6f678c3b8c07c75f5e8e7579353df338_img.jpg\) !\[\]\(cad951a8d3d6a56aa68a180401524f64_img.jpg\) !\[\]\(68efa0eb67e0b0a0c26dbebe8e041a66_img.jpg\) !\[\]\(f4ba863aeda63df758810731ea0ffbe4_img.jpg\) !\[\]\(3b441d24e67c790101c593268c5476ab_img.jpg\) !\[\]\(66ab4b3191512c9543c3906bef0800fb_img.jpg\) !\[\]\(fb6fefdbcba1ec534e07f3dbf3fbfc33_img.jpg\) !\[\]\(a6943e88d2fd227824fae3b7bd02797b_img.jpg\) !\[\]\(f866a6e0d6d942dcffc391581bef671a_img.jpg\) !\[\]\(4613dbb7b90cd09e08cbea10391667e1_img.jpg\) !\[\]\(f4dc3089b8416f4b5d9c6e390f6950ba_img.jpg\) !\[\]\(00eabb2921f3c8b07b95c08f456ab131_img.jpg\) !\[\]\(6ea7d2852ec4cd32ef88e0d4a3e1070e_img.jpg\) !\[\]\(a7486ed0b5a3e910ea2de50d1290b8cf_img.jpg\) !\[\]\(eb2ac8f10c4161d14ce3171da702719e_img.jpg\) !\[\]\(b49acba34f5036123a6e296993443a21_img.jpg\) !\[\]\(f1922ca0556b6f63931b055218f3e152_img.jpg\) !\[\]\(6a10a735335c554a57d0bb295f2abda5_img.jpg\) !\[\]\(1e31ecfedb679148603d7c05b35fa080_img.jpg\) !\[\]\(0deb86a7d04099836418d021e823c846_img.jpg\) !\[\]\(38a3286e28e538b557ecbd9fda566f3d_img.jpg\) !\[\]\(56e5d5de00fa189ea91e184a13154b3b_img.jpg\) !\[\]\(06428c6c569a56d3a8d6307953a06730_img.jpg\) !\[\]\(e094f5617440beb2419b4e92a9238186_img.jpg\) !\[\]\(d2f309580bc473d0db22b56bbbc32ac6_img.jpg\) !\[\]\(a4ddd49564eb51eb4c90eddb4ef1ba67_img.jpg\) !\[\]\(732f0054532e7832bfc0a31e83a73e4f_img.jpg\) !\[\]\(c9ecc2aeb7a26f9d7d5cca719f2a29f9_img.jpg\) !\[\]\(6560dd2bae7926e3271e40d8fa499550_img.jpg\) !\[\]\(6788fd3317370d6baee5b17556d7316f_img.jpg\) !\[\]\(221446cb2cad286b1ffd31235c014010_img.jpg\) !\[\]\(1207b6bfe5028b87f8c230ba48e3f637_img.jpg\) !\[\]\(d1769fe5c1ebf90dc212d19895f23815_img.jpg\) !\[\]\(a55ba3c68f49518d279befcda09e2a3e_img.jpg\) !\[\]\(6854918bd8939d54b72bece7b2cf8d8f_img.jpg\) !\[\]\(d477427558c93baad5dcaaa2108e3f88_img.jpg\) !\[\]\(427a5e9457b839dd47f011d9f5e4a4a4_img.jpg\) !\[\]\(9a17d27435d99c640f10cac32586ef02_img.jpg\) !\[\]\(c94790e3543d72c93a9db0af1dd4265c_img.jpg\) !\[\]\(8944565b492e994311ffa1e3c8b8a271_img.jpg\) !\[\]\(c6f61e8559f88ed20fa2e0882617ef76_img.jpg\) !\[\]\(df02269f42fc2a9560042b3c3ef418fc_img.jpg\) !\[\]\(8c4036f47275fa09d3ad25f8dc0c21e0_img.jpg\) !\[\]\(84d33a7dafb0d44b46b6c49587b4e77b_img.jpg\) !\[\]\(57e67fce5672457d6cca2442bd2bfa87_img.jpg\) !\[\]\(904fbb31e59f398c3b1007a1d6a197fb_img.jpg\) !\[\]\(10a6b971bb0b03881b0cd3f8df51b932_img.jpg\) !\[\]\(676d24bdaff55b6ff0b00b63f49341d6_img.jpg\) !\[\]\(04569dee2eaa69a3c04576502ab44058_img.jpg\) !\[\]\(1016364a911623a132d0366c8c315c37_img.jpg\) !\[\]\(525af8ac99a00b94f4f7bf7e5b08f66b_img.jpg\) !\[\]\(117af8c3b46e41cf943549eb7274ece2_img.jpg\) !\[\]\(757e7d7f76447ccd4e74a4061bc5e00b_img.jpg\) !\[\]\(41370d6c6927cfaa4d4b26f462634c29_img.jpg\) !\[\]\(533e52c5f612281e6b6cf13506c647a4_img.jpg\) !\[\]\(7d1b00b7a61a0e992e59cfa24a27bd64_img.jpg\) !\[\]\(9d5864f391dda2113da842f599e8d239_img.jpg\) !\[\]\(004ec8cd04de220e3d3d1ed92d7f9bbc_img.jpg\) !\[\]\(24eb51839f5ad144db12316fc2e081f6_img.jpg\) !\[\]\(b9555e5c9e091409536dbfd6a8178fbb_img.jpg\) !\[\]\(a3c6a95f818dc32b20e8bd27bff17cac_img.jpg\) !\[\]\(d732922a11ab7b1f08216aa699bfe046_img.jpg\) !\[\]\(9e2a013ba3681405a5f0f2f4047ff38a_img.jpg\) !\[\]\(6b3b7ee48b1338d728d747036ddeeea8_img.jpg\) !\[\]\(4f5e7aab4dd18b3e06b4f43fe9dfa919_img.jpg\) !\[\]\(4165b123491a5b563f2db41c809be8bc_img.jpg\) !\[\]\(e2b15043a1b0f02bfdb245d4e1821ed9_img.jpg\) !\[\]\(cf3b8a3ecd55a0203e7b1f1a23be0075_img.jpg\) !\[\]\(811ec54c70657fc813384505fe58304e_img.jpg\) !\[\]\(e2b7e961e3f814411a98338bd56b24d1_img.jpg\) !\[\]\(b5debe78c9c7bccb1d7cba373f063628_img.jpg\) !\[\]\(f615c910c7ec5a1c0354f07efb6051b3_img.jpg\) !\[\]\(4a8637a3add7b468f37321a6923b233e_img.jpg\) !\[\]\(0851c31ddd6fdaf2c9d3058ade43801b_img.jpg\) !\[\]\(27a7f69d717061d151d2b37afd67a11f_img.jpg\) !\[\]\(f9ce28c52c201856c7118237980a36ca_img.jpg\) !\[\]\(a16595d2e04c32f6f977bda937f5eb95_img.jpg\) !\[\]\(74b004f31b610616faad8ccfc439b92b_img.jpg\) !\[\]\(167503973102cb4e555d67ec50dfbed8_img.jpg\) !\[\]\(0ed9a80d36448f2b385ac696eb2974d0_img.jpg\) !\[\]\(40fc87aaa1ca1218990f4fef28ae82ea_img.jpg\) !\[\]\(c4db5d90641e61fc2a05e8f1d30af933_img.jpg\) !\[\]\(fb8f50952ee36bcc2b985197f16f2c42_img.jpg\) !\[\]\(678e7a477040ea3fa51797b96c0a3048_img.jpg\) !\[\]\(6455da6e2f62dc4237f230f72a00ec1e_img.jpg\) !\[\]\(c4b095fe5794fafce069e665a6371669_img.jpg\) !\[\]\(c7b70805e9c4f53928839cb614fd36a2_img.jpg\) !\[\]\(7aa9a6d066452199b89cd0fe974d04fa_img.jpg\) !\[\]\(b9e3b8924b672c6bfe6737150fe4bf9a_img.jpg\) !\[\]\(89da4cb66899cb3fcac67b7aa0fc358b_img.jpg\) !\[\]\(21c0bf34aeda3bcd3120c522090a35dd_img.jpg\) !\[\]\(1f93da225afdf8de9835e9cbbb2ec10e_img.jpg\)](#)

Prüfungsrücktritt – Ergänzende Hinweise

WANN MUSS DAS ÄRZTLICHE ATTEST AUSGESTELLT WERDEN?

Das Attest muss auf einer Untersuchung beruhen, die an dem Tag erfolgt ist, an dem Sie die Prüfungsunfähigkeit geltend machen.

WELCHE INFORMATIONEN MUSS DAS ÄRZTLICHE ATTEST BEINHALTEN?

Bitte beachten Sie: Eine Bestätigung „Prüfungsunfähigkeit: ja / nein“ allein genügt nicht.

Der Prüfungsausschuss kann die Gründe für die Prüfungsunfähigkeit nur für den Zeitraum anerkennen, für den sie glaubhaft gemacht und nachgewiesen sind. Deshalb muss das Attest folgende Informationen enthalten:

- Beginn und Ende der krankheitsbedingten Prüfungsunfähigkeit.
- Aus dem Attest muss klar hervorgehen, weshalb Sie nicht an der Prüfung teilnehmen können, so dass der Prüfungsausschuss daraus schließen kann, ob Sie am Prüfungstag tatsächlich prüfungsunfähig waren (z.B. notwendige Bettruhe oder Unfähigkeit, sich ohne erhebliche Beschwerden zum Prüfungsort zu begeben und/oder sich dort der Prüfung zu unterziehen). Das Attest muss keine medizinische Diagnose enthalten. Wenn eine Diagnose die Prüfungsunfähigkeit plausibler begründet als eine ausführliche Schilderung und Sie dadurch nicht unverhältnismäßig bloßgestellt werden, kann der Arzt oder die Ärztin von sich aus eine Diagnose eintragen.
- Zuletzt soll der Arzt oder die Ärztin beurteilen, ob aus ärztlicher Sicht Prüfungsunfähigkeit besteht.
- Werden Sie am Prüfungstag stationär in einem Krankenhaus behandelt, müssen Sie eine Bescheinigung des Krankenhauses vorlegen.

VERTRAUENSÄRZTE UND -ÄRZTINNEN DER TUM

- Bei krankheitsbedingter Prüfungsunfähigkeit kann der Vorsitz des Prüfungsausschusses die Vorlage eines vertrauensärztlichen Attestes verlangen.
- Die Namen und Adressen der für die TUM tätigen Vertrauensärzte und -ärztinnen finden Sie hier und in den Schaukästen der Prüfungsausschüsse und der Zentralen Prüfungsangelegenheiten.
- Für besondere Krankheitsbilder, insbesondere für psychiatrische und neurologische Erkrankungen, ist das Klinikum Rechts der Isar für vertrauensärztliche Atteste zuständig.