Request to hand-out master degree certificate

To (address examination office)
Prüfungssekretariat Sport
der Fakultät HW
Bereich Empirische Humanwissenschaften
der Universität des Saarlandes
Campus, Geb. B 3 1
66123 Saarbrücken

Student nr.	
Last name, first name	
Street, house number	
Postal code, town	
*a German address is strongly recommended	
Hereby I request the hand-out of my certificate for	
☐ BA Sportwissenschaft	
☐ MA High-Performance Sport	
☐ MA Gesundheitssport	
According to the StO at least 30 CP and max. 35 CP are required to be graded in the electives. Therefore, I request to erase the grades of the following subject: Konzeption Prävention Rehabilitation For Gesundheitssport only)	
My last examination to place at (date)	in the module
Before you request for the hand out of your certificate, please check whether all modules are in LSF. If there is anything missing, or any mistakes, please take care of this beforehand.	
Date: Sig	nature of student
Document was collected by the student/ authorized person at:	
Date: Sig	nature

^{**} This document only serves as translation of the official German document: Antrag auf Zulassung zur Master Arbeit.

Therefore this form cannot be handed in at the Examination office. I will not take responsibility for any nuance mistakes for this translation.