

Certificate of de-registration

Universität d. Saarlandes - Stud.-Sek., Postfach 15 11 50, 66041 Saarbrücken

Testina Muster

Alter Holzweg
66140 Saarbrücken
Germany

Universität des Saarlandes
Studierendensekretariat
Campus A4.2

66123 Saarbrücken

Postfach 15 11 50
66041 Saarbrücken

Student Number

XXXXXXXX

Date of birth

01.01.1990

Place of birth

Saarbrücken

Will be / Has been registered with effect from **30.09.2020**

MUSTER

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Student Number **XXXXXXX**

Date of birth **01.01.1990**

Place of birth **Saarbrücken**

Total number of semesters studied **6**

Will be / Has been deregistered with effect from **30.09.2020**

Semester	Course of study	Type of qualificat.	Subject	Status ⁽¹⁾	SS ^(*)	SPoS ^(**)	Reg. Type ⁽²⁾	Mode	Type
Summer semester (01.04.2020-30.09.2020)	B.Sc. Informatik	Bachelor of Science	B.Sc. Informatik (2015)	A	1.00	6	01	Full-time	Campus-based study programme
Summer semester (01.04.2014-30.09.2020)	B.Sc. Cybersicherheit	Bachelor of Science	B.Sc. Cybersicherheit (2014)	A	5.00	6	01	Full-time	Campus-based study programme

Legend: (*) No.subject.sem.stud., (**) Std. period of study

- Cell contents:

(1)

A Attending

(2)

01 Primary enrolment