



Humboldt Universität zu Berlin
Faculty of Mathematics and Natural Sciences
Examination Office for
Unter den Linden 6
10099 Berlin

Notification of illness

Surname, fore-name(s)	
Student ID number	
Degree programme	
Email/telephone	
Examination(s)	1. 2. 3. 4.
Date(s) of examination	for 1.: for 2.: for 3.: for 4.:
Examiners	for 1.: for 2.: for 3.: for 4.:

Date

Signature

Please submit the sick note within 3 working days together with this notification to your respective Examination Office of the Faculty of Mathematics and Natural Sciences.