

Wirtschaftswissenschaftliche Fakultät
Der Vorsitzende des Prüfungsausschusses für die
Master-Studiengänge an der Düsseldorf Business School GmbH

APPLICATION FOR FIRST REPETITION OF AN EXAM

1. Application of the candidate

Last name: _____

First name: _____

I hereby apply to retake the exam for the course _____

pursuant to Article 13, Section 1, Subsection 1, MPO for the first time.

(Date)

(Signature)

2. Setting of the exam date by the examiner

Examiner: _____

Date: _____

Exam location: _____

Type of exam: _____

The candidate has been informed of my decision: yes no

(Date)

(Signature)

Please forward this application to the Examination Board immediately!