

Universität Münster | PA I | Münzstr. 10 | 48143 Münster

To the Head of Faculty, or
Chair of the Examinations Board
of the Faculty FB 1, 2, 6, 7, 8, 9 or 15

**ARBEITSBEREICH
PRÜFERBESTELLUNG**

Dr. Maria Wernsmann
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48143 Münster

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Request to Appoint Examiner for an Individual Examination (Antrag auf Einzelprüfungsberechtigung – English Version)

To be completed by the student:	Details of the examiner:
Last name, first name, Student ID (Matrikelnr.): _____	I request the following examiner: _____
University-Email-Address: _____	Examiner's contact data, incl. email address (please provide complete information) _____
Degree programme: _____	_____
Study subject (Fach): _____	follow-up employment with (in case there is no follow-up contract with the University of Münster): _____
<input type="checkbox"/> Examination in the module: _____	_____
<input type="checkbox"/> Thesis	<input type="checkbox"/> as my first examiner. <input type="checkbox"/> second examiner.

To be signed by the examiner, dean/examinations board chair and student:		
Date	Last name, First name first examiner	Signature of the examiner
Date	Last name, First name second examiner	Signature of the examiner
Date	Signature of the student	
Date	Last name, First name Head of Faculty/ Chair of Examinations Board	Signature

Please note: This form must be completed and submitted to the responsible Head of Faculty or the responsible chair of the Examinations Board **no later than 14 days prior** to registering for the corresponding examination in order to ensure the orderly appointment of the examiner. The unit responsible for appointing the respective examiner should forward the signed document to the Examinations Office I. Following receipt of the complete and signed request form, the Examinations Office I will notify all participants via email.