

Freie Universität Berlin - Department of Mathematics and Computer Science

Registration for the Conferral of a University Degree (Mathematics Master's Degree Program, Study Regulations / Examination Regulations April 25 2018 – 280c)

Surname:	First Name:	:
Date of Birth	Place of Birth:	
Address:		
		_ Email:
I hereby declare that I have successf	fully completed § 13 of the	Examination Regulations April 25 2018,
namely the course and examination	requirements for degree co	onferral.
Furthermore, I hereby declare that I I	have not completed any co	ourses or examinations, within the area of
validity of basic law, for the same de		·
		ee program in Computer Science, or that
I have failed to pass examinations, o higher education.	r that I have outstanding e	xaminations at another institution of
3 · · · · · · · · · · · · · · · · · · ·		
Berlin,	 Signature of a	pplicant
	Oignaturo or a	pphoant
Admission to the university degree granted		
□ not granted, as the admission requ	irements have not been m	net.