

Clearance certificate
for the degree programme in Human Medicine (State Examination)

| | | | |
|----------------|----------------------|-----------------|----------------------|
| Surname: | <input type="text"/> | First name: | <input type="text"/> |
| Date of birth: | <input type="text"/> | Place of birth: | <input type="text"/> |

We hereby confirm that the student named above

has not failed all possible resits for an examination for this course

has lost the right to sit an examination for this course.

Reason for the loss of the right to sit an examination for this course

Failure of all possible resits in the following subject:

Other reason:

Place, date

Seal

Signature of the university/college

This form is not required if

...you are studying or have studied abroad and wish to transfer to the model degree programme in Human Medicine at the University of Oldenburg.

or

...would like to switch from a medicine-related degree programme to the Human Medicine model degree programme at the University of Oldenburg.