



LUDWIG-  
MAXIMILIANS-  
UNIVERSITÄT  
MÜNCHEN

STUDENTENKANZLEI  
OFFICE OF THE UNIVERSITY REGISTRAR



## Request for a Change of Subject

It is **strictly necessary** you have applied for continuation of registration for the upcoming semester (by paying the required fees) **before filing this request**, otherwise we will not be able to process it.

### I hereby request

	<i>Registration Number</i>
<i>Surname(s)</i>	<i>Date of Birth (DD.MM.YYYY)</i>
<i>First Name(s)</i>	<i>Phone Number</i>

### the following change of subject for the upcoming

- Enclose **all documents required** for this request (e.g. notifications of admission, confirmations of transfer credits, ...)!
- Specify your **entire future combination of subjects** for us, even if you merely wish to discontinue a single one of your current subjects!
- Check the **combinability** of your desired future subjects before filing this request!

Degree	Subject(s)	Subject-specific semester
<input type="checkbox"/> Bachelor	_____	_____
<input type="checkbox"/> Master	_____	_____
<input type="checkbox"/> Lehramt (School Type: _____ )	_____	_____
<input type="checkbox"/> Staatsexamen	_____	_____
<input type="checkbox"/> Notenverbesserung	_____	_____
<input type="checkbox"/> Promotion	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

**Your current studies**

will be discontinued.

will most likely be completed during the expiring semester.

will be continued as a double major.

Other: \_\_\_\_\_

### the discontinuation of my double major.

The following degree programme will be continued: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Place, Date*

\_\_\_\_\_  
*Signature*