



LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

STUDENTENKANZLEI
OFFICE OF THE UNIVE
RSITY REGISTRAR



Request for a Change of Subject

I hereby request

Last name: _____

First name: _____

Date of birth: _____

Registration number: _____

Telephone number: _____
(to clarify questions)

1. a change of subject for the Summer Semester 2022 for the following degree program. Enclosed please find my complete set of documents.

Degree: (e.g. bachelor, master, grade improvement,...)	Subject	Subject-specific semester
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the entire new combination of subjects even if you are only changing one of the subjects in your current degree program.

Your current studies:

- will be discontinued.
- will most likely be completed during the Winter Semester 2021/22.
- will be continued as a double major.
- other: _____

2. Discontinuation of a double major.

The following degree program will be continued: _____

(Place, Date)

(Student's signature)