

Family Name, First Name	Study Course
Actual Mailing Address:	Matr.-No.
	Telephone No.

Hochschule Karlsruhe - Technik und Wirtschaft  
 Studentische Abteilung  
 Postfach 24 40  
 76012 Karlsruhe



Hochschule Karlsruhe  
 Technik und Wirtschaft  
 UNIVERSITY OF APPLIED SCIENCES

## Attestation Form

### Electrical Engineering – Sensor Systems Technology (engl. Master)

	Signature
<b>Prof. Leize</b> Dean of the Course <b>Department Office</b> (Fr. Unrau)	
<b>Library at Hochschule Karlsruhe</b> (Gebäude A, 1. OG)	
<b>Faculty Management/ Service-Center</b> (Building A, Entrance A1, Room 017 Opening Hours: Mo.-Do. 08.00 a.m. – 4.30 p.m., Fr. 8.00 a.m.- 2. 00 p.m.)	
<b>Tools</b> (Frau Broda, Building N, Room 211 9.30 a.m. 12.00 p.m.)	
Date of Exmatriculation (either date of last exam or last day of actual semester)	

- I will pick up my certificate personally at the Registrar's Office.
- I ask for sending the certificate to above mentioned mailing address

Certificate <input type="checkbox"/> received at <input type="checkbox"/> sent via registered letter  Date, Signature of Graduate
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<input type="checkbox"/> I do not agree that my actual mailing address is used from Hochschule for any interviews or information on further studies Also this mailing address is not allowed to be filed in the alumni network of Hochschule Karlsruhe.,  Signature of Graduate
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