Faculty of Chemistry, Pharmaceutical Sciences, Geography and Geosciences



The Chair of the Examination Board Master of Science Soft Matter and Materials

Request for Change of Elective Module

Name:
First Name:
Student ID Number:
I hereby request a change of my elective module from
to
In accordance with the examination regulations, such a change is only permitted
after the previous elective module has been failed. Therefore, the former module
will be recorded as failed.
I acknowledge that reverting to the previous module or making any further changes
is not permitted.
Date, Signature