



To division

From department

Student Administration  
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**Bearb.-Zeichen**  
**Bearbeiter/in**

**Date**

**Confirmation of Approval of Part-Time Study (in accordance with Sec. 9(4) of the Bylaws on Academic Matters)**

Surname, First Name

\_\_\_\_\_ Date of birth  
(wenn vorhanden)

\_\_\_\_\_, Student ID No. \_\_\_\_\_

has applied for part-time study in summer semester/winter semester

20\_\_\_\_\_. Part-time study is valid until revoked by student.

We approve the application for part-time study.

Because of the approved part-time study the standard processing time ends on

\_\_\_\_\_

Regards

\_\_\_\_\_  
Name and signature PhD board representative

\_\_\_\_\_  
Seal department