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| --- | --- |
| Last name, first name |  |
| Student registration number |  |
| Degree programme |  |
| Module |  |
| Examiner(s) |  |
| Date of online examination |  |
| Date of alternative on-campus examination |  |

Dear all,

I hereby confirm my intention to register for the examination in the above-mentioned module. I would like to take the examination online.

I have been given detailed information from ………………………………….. (module coordinator/examiner) on ……….. (date) concerning the special requirements for taking examinations online via Zoom video conference/ DFN-conf-video conference *[please score out which does not apply]*, in particular the requirement to sufficiently verify the candidate’s identity and the requirement that examiners must be able to see and hear candidates at all times to rule out the use of unauthorised aids.

In accordance with the requirements issued by the Bavarian Data Protection Commissioner, I have been offered the alternative of attending an on-campus examination on the same date. I am also aware that pursuant to Section 5 (2)(1) of the Regulations of Friedrich-Alexander-Universität Erlangen-Nürnberg (FAU) concerning deviations from degree programme and examination regulations and the doctoral degree and habilitation regulations due to restrictions to teaching and examinations imposed as a result of the coronavirus SARS-CoV-2 [Coronavirus Regulations](https://www.fau.de/files/2020/06/fau-corona-satzung_20200417_idf_20200604.pdf) – I would be able to withdraw straightforwardly from the examination without a medical certificate and take the examination at a later date. I have chosen not to accept these options.

Kind regards,

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Date, signature