FUB - Department BCP - Office of Academic Affairs - Biologie - Arnimallee 22 - 14195 Berlin - E-Mail: studienbuero@biologie.fu-berlin.de - Tel.: (030) 838 53907

# Official Authorization Letter

## Representative for In-Person Course Distribution at the Institute of Biology

I hereby authorize,

First Name, Surname:

Matriculation Number: Semester of Study:

Study Program: ◉ Mono Bachelor ○ Combi Bachelor (90 cr) ○ Combi Bachelor (60 cr)

○ Master Biolo ○ Master Biodiversity

the person listed below to participate in the in-person course distribution at the Institute of Biology for me.

First Name, Surname:

I have handed over a copy of my student ID or identity card to the authorized representative. The authorized representative has been informed by me that he/she must present an identification document. I have also informed the authorized representative of my preferred order of course selection.

Place, Date Signature

_____seperate here_____

Only for the authorized representative(s) (This section is NOT part of the authorization, but serves only as an overview for the authorized representative(s)): :

| Course-Nr.: | Course Title: | Notes like day, etc.: | Priority: |
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