

Disclaimer

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To: Examination Office

Application for a Special Examination

Personal details			
Last name			
Student ID			
degree programme			
Phone		Email	

I hereby apply for the subject:

Exam no.	Examination subject	Examiner

one ☐ written ☐ oral special exam, based on:

Date: _____

Important note: with the approval of the Examination Board
 Automatic registration for the exam will take place

Date / Signature of the student

Approval of the examiner by signature: _____

Approval note Examination Board

☐ Approved ☐ Not approved

Date

Signature