



EXAM REGISTRATION

Registration must be submitted no later than 1 week before the exam date either to the study office or the teacher according to the campus policy.

Exam date: ___ / ___ 20___ **Time:** _____

Name of student:	Student number:	Campus:
Teacher or examiner:	Degree programme:	Group code:
Study module: title and code	Component:	Teacher in charge of the module or component:

Exam material or literature:

Type of exam or submission:

<input type="checkbox"/> First attempt	<input type="checkbox"/> First retake	<input type="checkbox"/> Second retake
--	---------------------------------------	--

Additional information:

Any separate arrangements agreed (specify the parties and dates of the agreement):

Date: ___ / ___ 20___

Signature:

Don't forget to bring an official photo ID or student card to the exam retake.