

Faculty of Mathematics and Natural Sciences

## **Registration for module examination**

Surname: Forename(s): Student ID no.:			Year of Study:							
Degree program Telephone numb Email address: Visiting student:	er <u>:</u>		University:	in 						
Different degree programme, if applicable:										
I hereby register	for									
the module / title	e of the co	ourse:								
Examiner: Date of exam: for the:										
university and/or procedure.	r am not d	currently	ely failed this exam y enrolled in an exar	mination						

I confirm that the information I have provided is true. I am aware of the study and examination regulations.

Place, date

Student's signature

## Identity checked Registration submitted before deadline Exam requirements have been met Visiting student ID has been presented

Date, signature of administrator

## **Exam protocol** (to be completed by the examiner)

(to be completed by th	le examiner)				
Date of exam:		Start:	Er	nd:	
Examiner:					
Examiner:					
Student's identity	checked?		ges	□ r	10
Do you feel health this exam?	y enough to comp	olete	□yes	□ r	סר

Subject matter and process of the exam:

Assessment:			Justification for awarding grade 5 (insufficient) or terminating the exam:				
Exam grade:							
2. Exam grade	:						
Overall grade:							
Signatures:							
1st Examiner:	Name in block capitals		1st Exa	1st Examiner:			
					Signature		
2nd Examiner			2nd Examiner:				
	Name in block capitals						
Invigilator:			Invigilator:				
	Name in block capitals				Signature		
Grading scale: 1,0; 1,3 = very gc 3,7; 4,0 = sufficie		1,7; 2,0; 2,3 = 5,0 = insufficie	-	2,7; 3,	0; 3,3 = sati	sfactory	
Stand: 18.10.23						Page 2 of 2	