

Appeal against examination

!!!NB - PLEASE REMEMBER TO SAVE THE FILE LOCALLY BEFORE ATTACHING IT TO AN E-MAIL.

DO NOT SEND DIRECTLY FROM THE WEBPAGE NB!!!!!!

USE CAPITAL LETTERS/TYPEWRITER

PLEASE NOTE: IN CASE OF GROUP EXAM APPEALS – FIELD 1 IS TO BE FILLED IN BY THE CONTACT PERSON OF THE GROUP

1	Civil reg. no.:		E-mail:	
	First name:		Surname:	
	Address:			
	Zip-code:		City:	
	Phone number:		Phone at work:	

2	Degree program:		Exam number:	
	Discipline:		Grade:	
	Type of examination:	Written exam: <input type="checkbox"/> Oral exam: <input type="checkbox"/> Other: ----- Synopsis: <input type="checkbox"/> Project work: <input type="checkbox"/> Master's thesis: <input type="checkbox"/> Term paper: <input type="checkbox"/>		
	Date of exam:		Grade given, date:	
	Individual exam appeal:	<input type="checkbox"/>		
	Group exam appeal:	<input type="checkbox"/>		
	2 nd group member:	Name:	Civil reg. no.:	
3 rd group member:	name:	Civil reg. no.:		
4 th group member:	name:	Civil reg. no.:		

3	1 st examiner:	
	2 nd examiner:	
	External examiner:	

4	Spoken with the examiner:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------	---------------------------	------------------------------	-----------------------------

5	Sent from student mail Date:
----------	---------------------------------