Registration of a third oral re-examination

- Student Office Biology -

First Name: __________________________ Surname: __________________________

Matr.- Nr.: __________________________ Degree Program: __________________________

Private E-Mail address: _______________________________________________________

Examination subject: __________________________________________________________

Regular date of examination: __________________________

Upcoming date of examination: __________________________

Date and signature of the examinee: __________________________

Date and signature of the examiner: __________________________

I am aware that with the registration of a third oral re-examination the claim for an oral supplementary examination expires.

Please send back this form to the Student Office Biology when it is completed.

Marking will be done via TUCaN.

☐ Registration of the oral examination is approved.

The Student Office of Department ____ is asked to install an additional examination round (Third oral re-examination) for the above mentioned examination of the student.

Date and signature of the Student Office Biology