



Form: “Protocol of oral examination”

Please complete in block capitals

Name of the student: Student ID:

Module number: Module name:

Examiner (block capitals):

Responsible for protocol (block capitals):

Date of examination: time from to

Protocol of oral examination

Grade of oral examination:

Examiner (signature):

Responsible for protocol (signature):

Please note: It is obligatory to keep this protocol on file by the examiner for at least five years