



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