



Form: “Protocol of oral examination”

Please complete digital or in block letters

Name of student: Student ID:

Module number: Module name:

Examiner:

Responsible for protocol:

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