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 Student identification number:

 Student status: full time – part time

 **EXAM REGISTRATION**

 Student's name and family name: ………………………………………………………………………………………………………………. Study: Doctoral – Specialist

 Name of the study: …………………………………………………………………………………………………………………………………………………………………………………………

 Module: ………………………………………………………………………………………………………………………………………………………………………………………………............

 Name of the course/activity…………………………………………………………………………………………………………………………………………………………………………….

 Completed in academic year: ………………………… Date of exam registration: …………………………………… Date of exam period: …………………………..

 Student's signature: ……………………………………………………………………

Study success: To be filled in by teacher

………………………………..................................... ……………………………………………………………….. ……………………………………………………………….

 % of acquired knowledge, skills and competencies ECTS grade Numerical grade

 ……………………………………………………………….. ………………………………………………………………..

 Date of exam Teacher's signature