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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