

# Faculty of Electrical Engineering and Information Technology

Examination office (Ms Honymus)

## **Registration for Examination** (please cross as appropriate)

Examination    1. Re-take    2. Re-take    Oral    Written

Family Name, First Name: \_\_\_\_\_

Study Course: \_\_\_\_\_ (e.g. M-EEIT)

Matr. - No.: \_\_\_\_\_ (student-ID-number)

Examination Subject: \_\_\_\_\_

Examination Number: \_\_\_\_\_

Name of Examiner: \_\_\_\_\_

**Date of Examination:**

\_\_\_\_\_  
Date of registration

\_\_\_\_\_  
Signature (student)

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