Attention: **Discuss request with Academic Advisor before forwarding to the Examination Committee**

Please fill in all fields and return to:  
Secretary of the Examination Committee, [examination.committee.id@tue.nl](mailto:examination.committee.id@tue.nl)

|  |  |
| --- | --- |
| Date of request: | |
| Student’s full name: | |
| Student number: | Year started: |
| Date meeting academic advisor: | Name Academic advisor: |
| Please give information for both subjects (Basic course, Use learning line, etc.) | |
| Code course | Code course |
| Name course | Name course |
| Date exam | Date exam |
| Time slot exam | Time slot exam |
| Name lecturer (person who taught the course) + contact information | Name lecturer (person who taught the course)  + contact information |
| Remarks: | |