 **REQUEST EXEMPTION**

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| --- | --- |
| IDNR |  |
| Surname |  |
| Initials |  |
| E-mail |  |

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| Student requests exemption for:Course code / Course name |
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| **On the basis of:** |
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| For detailed justification of the above application see enclosed attachment (s). | Number of documents: |
| Without the necessary documents this request is not processed |  |
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| **Signature student** | **Date request** |
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| Advice of the lecturer tot he exam committee: |
| **Positive:** |
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| **Negative:** |
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| **Name lecturer:** |  | **Secretary examinations committee:** |
| **Signature** | **Signature** |
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| **d.d.** |  | **d.d.**  |
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