REQUEST FOR EXEMPTION



NAME		
STUDY PROGRAM		E-MAIL
STUDENT ID NUMBER		
REQUESTS EXEMPTION OF		
Course code/Course name:		
On account of:		
For a detailed motivation of this request see the enclosed appendix or appendices.	Number of appendices:	
Without the necessary evidence this request will not be considered!	от ар	peridices.
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	Date of request:	
Signature of student:		Date of request:
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Advice of the responsible lecturer to the Examination Committee		Date of request:
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Advice of the responsible lecturer to the Examination Committee		Date of request:
Advice of the responsible lecturer to the Examination Committee		Date of request:
Advice of the responsible lecturer to the Examination Committee Positive:		Date of request:
Advice of the responsible lecturer to the Examination Committee		Date of request:
Advice of the responsible lecturer to the Examination Committee Positive:		Date of request:
Advice of the responsible lecturer to the Examination Committee Positive:		Date of request:
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Advice of the responsible lecturer to the Examination Committee Positive: Negative:	Secretar	y of the Examination Committee Signature
Advice of the responsible lecturer to the Examination Committee Positive: Negative: Name of lecturer:	Secretar	
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