

REQUEST FOR EXEMPTION

NAME
STUDY PROGRAM
STUDENT ID NUMBER

E-MAIL

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!	
Signature of student:	Date of request:

Advice of the responsible lecturer to the Examination Committee	
Positive:	
Negative:	
Name of lecturer:	Secretary of the Examination Committee Signature
Signature	
Date	Date