

Request for Exemption

Name		Student ID number	
Street		Study Program	
Postcode		Telephone Number	
City		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 : _____
 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: _____