



REQUEST FOR EXEMPTION

NAME

STREET

POSTCODE

CITY

STUDENT ID-NUMBER

STUDY PROGRAM

TELEPHONE 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.

Without the necessary evidence this request will not be considered!

Signature of student:

Number:

Date of request:

Advice of the responsible lecturer to the Examination Committee

Positive:

Negative:

Name of lecturer:

Signature

Date

Secretary of the Examination Committee
Signature

Date