Attention: **Discuss request with Academic Advisor before forwarding to the Examination Committee**

Please fill in all fields and return to:
Secretary of the Examination Committee, examination.committee.id@tue.nl

|  |
| --- |
| Date of request: |
| Student’s full name: |
| Student number: | Year started:  |
| Date meeting academic advisor: | Name Academic advisor:  |
| Please give information for both subjects (Basic course, Use learning line, etc.) |
| Code course | Code course |
| Name course | Name course |
| Date exam | Date exam |
| Time slot exam | Time slot exam |
| Name lecturer (person who taught the course)+ contact information | Name lecturer (person who taught the course) + contact information |
| Remarks:  |