

EXAM COVER SHEET

Name of the Exam:	<input type="text"/>		
Time and Date:	<input type="text"/>	Institute:	<input type="text"/>
Duration:	<input type="text"/>	Examiner:	<input type="text"/>

To be completed by the exam participant:

First name:	<input type="text"/>	Course:	<input type="text"/>	Student ID / Matriculation no.: <input type="text"/>
Last name:	<input type="text"/>	Degree:	<input type="text"/>	

Date and signature of the exam participant

I hereby declare that I am capable of taking the exam.

Should I not be listed on the list of registered students due to lack of registration through the University Portal or through the Student Administration Office, I hereby acknowledge that this exam will not be given any grade.

Authorized Auxiliaries:

- Non-native speakers may use a dictionary.

Further information for the exam:

- *Good Luck with the Exam!*

Please leave this field blank for the barcode!

To be completed by the examiner:

Grade:	<input type="text"/>	<input type="text"/>
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Signature of the examiner