



**Form: "Protocol of oral examination"**

*Please complete digital or in block letters*

Name of student:  Student ID:

Module number:  Module name:

Examiner:

Responsible for protocol:

Date of examination:  Time from:  to

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**Protocol of oral examination**

Grade of oral examination: \_\_\_\_\_

Examiner (signature): \_\_\_\_\_

Responsible for protocol (signature): \_\_\_\_\_

*Please note: It is obligatory to keep this protocol on file by the examiner for at least five years*