



Intermediate Examination Registration Form

Please fill out and submit this form to the coordination office no later than two weeks prior to the exam.

Study Programme: **PhD Programme in Molecular Medicine**

Last Name: _____ First Name: _____

Student ID number: _____

Which of the following examination are you going to have? Please tick where applicable:

First Examination: Second Examination:

Examination:

Date of examination: _____ Time of examination: _____

Please list the TAC members who will be present during your examination:

1st supervisor: _____

2nd supervisor: _____

3rd supervisor: _____

Please inform the coordination office immediately if members of your TAC are unable to attend.

Date: _____ Signature Student: _____

FOR OFFICE USE ONLY

Coordination Office:

Date of Registration: _____ Signature: _____