



## **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:

1<sup>st</sup> supervisor: \_\_\_\_\_

2<sup>nd</sup> supervisor: \_\_\_\_\_

3<sup>rd</sup> supervisor: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature Student: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Coordination Office:

Date of Registration: \_\_\_\_\_ Signature: \_\_\_\_\_