



UNIVERSITY OF INFORMATION SCIENCE & TECHNOLOGY Ohrid - Republic of Macedonia

Faculty: CSE ☐ CNS ☐ ISVMA ☐ AITMIR ☐ ICS ☐

(write " X " in the field that represents your faculty)

EXAM APPLICATION FORM

The student _____ is applying for Final Exam
(write your full name here)
on the subject _____ in the _____ exam term.
(write the full name of the subject) (e.g. winter / summer)

I'm taking this exam on the above mentioned subject for the _____ time.
(e.g. first, second, etc.)

With this document, I'm supplying my student index, as a verification document.

Personal Nb.

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(In the boxes write your macedonian (EMBT) number)

Date: _____
(dd.mm.yyyy)

Student Name: _____

(Place)

(student signature)

(***This side if for the University Administration***)

Faculty: _____

Dossier Nb.

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Points:

I Major Exam: _____
II Major Exam: _____
III Major Exam: _____
Avg. Exam Points: _____

Attendance: _____
Activity: _____
Projects: _____

Other: _____
Total: _____

Candidate: _____

Subject: _____

Professor: _____

Number of entry in the exam list: _____

held on: __/__/202__ year

The candidate, took the exam on the subject:

and has shown the flowing result:

Subject Professor: _____

Final Exam Points: _____

(signature)

FINAL GRADE _____