

## Assessment of Oral Defense

Surname	Forename(s)	Matriculation No.
Date	Place	
Start	Finish	

The candidate is in a sufficient state of health to complete the examination.      Yes      No

	Name	Grade
1 <sup>st</sup> Examiner		
2 <sup>nd</sup> Examiner		
	Overall grade	

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**Record**

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Date

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Signature 1<sup>st</sup> Examiner

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Signature 2<sup>nd</sup> Examiner