

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 st Examiner		
2 nd Examiner		
	Overall grade	

Record

.....

Date

Signature 1st Examiner

Signature 2nd Examiner