

Master's Degree

To the Academic Examination Office for the attention of

Please enter the responsible clerk



Registration for a ☐ Module Exam ☐ Module Component Examination

to be submitted to the examiner

Course:

Surname, first name:

Street:

Postal code Location:

Telephone No.:

Email:

Matriculation No.:

Semester:

Module Number:

(according to the list of events)

Abbreviation:

(e.g. bio720)

Module Title:

(according to the Master's Examination Regulations)

Date of submission:

(in the case of written examinations)

Unterschrift der/ des Studierenden

Certificate of a ☐ module examination ☐ Module part examination

Type of module examination (according to subject-specific attachments)

☐

Oral examination *

☐

Term

☐

Housework

☐

Practical experience Exam/ Exercise *

☐

Presentation incl. elaboration

☐☐

Portfolio

Other form of examination

Evaluation of the module examination:

(See back for justification)

Module grade according to the Master's Examination Regulations

☐

Successful participation in the course accompanying the Master's thesis

Date

Name of the examiner (block letters) /Stamp

Signature

* For oral exams or practical exams, please be sure to fill in the back page/page 2!

Name of the student: _____

(to be completed by the student)

**Protocol of the oral or practical-methodological examination -
Subject and History:**

Beginning: _____

Clock

End: _____

Clock

Oldenburg, the _____

Signature of the examiner

If applicable, signature of the second examiner or assessor

Rationale for the review:

Please briefly list the aspects that are decisive for the evaluation.

Von der/dem Prüfenden auszufüllen