



JÖNKÖPING UNIVERSITY

School of Engineering

EXAM DETAILS FORM – SCHOOL OF ENGINEERING

Please fill out the form completely!

Date: _____ Time: _____

Course: _____

Course code: _____ Exam code: _____

Number of printed copies: _____

N.B! Always print out three extra exam copies for the archiving!

To be filled out by the exam coordinator

Examination room: _____

Number of students: _____

Pingpong

Name of activity: _____

Course password: _____

Examinator/Responsible teacher: _____ Visit the exam: No ☐ Yes ☐ When: _____

Contact by phone: _____ between hours: _____

Aid: No ☐ Yes ☐ Specify: _____

Other information:

The information above has been given by: _____
(Name and telephone number)