Announcement of Oral Examination

(Surname, first name of candidate)

on __________________ , __________________ at __________________

(Day of the week) (Date) (Time)

in ________________________________

(Room with address)

Chairperson: ________________________________

1. Reviewer: ________________________________

2. Reviewer: ________________________________

3. Reviewer: ________________________________

Authorised Examiner from another Department of the Faculty of Engineering
(If the external examiner is not from the Faculty of Engineering, please provide a short explanation of your motivation.)

Please submit the form at least 2 weeks prior to when your exam is to take place.

Submitted by

_________________________     _________________________

Date        Signature

Stand: 06.04.2017