



Notification of the Master's Exam

Student	
Study Code: UN 066 329	Matriculations number:
Family name:	First name:
e-mail:	Phone number:
Date of the registration: _____ Signature Student: _____	

Exam Information	
Date:	Time:
Audit Location (exact room name):	

Auditor 1 (Supervisor)	
Name:	
Institute/Department/Clinic:	
E-Mail:	Phone number:

Auditor 2	
Name:	
Institute/Department/Clinic:	
E-Mail:	Phone number:

Auditor 3	
Name:	
Institute/Department/Clinic:	
E-Mail:	Phone number:

I hereby declare my willingness to conduct the above-mentioned Commissioned Master's Examination:

Signature Auditor 1(Supervisor)

Signature Auditor 2

Signature Auditor 3