**EXCHANGE STUDENTS REQUEST FOR EXAM OUTSIDE OF THE OFFICIAL EXAM PERIOD**

Name of the student:

Student number:

**Details on the course this facility is requested for**

* Course title:
* Number of ECTS:
* Lecturer:
* E-mail address of the lecturer:
* Phone number of the lecturer:

**Details on the home university:**

* Name of the host university:
* Contact person in the home university:
* Position of the contact person:
* Department/Faculty of the contact person:
* E-mail address of the contact person:
* Phone number of the contact person:

**Declaration**

All parties involved (student, lecturer at Ghent University and contact person at the home university) confirm that the student has been granted an alternative exam date for the above mentioned course.

The alternative exam date will be DD/MM/YYYY

Student signature Lecturer signature Home university signature

Date: Date: Date: