UNIVERSITEIT
GENT

Application Form 'Examination Copy'

Student Name and First Name: _____

Student Number: _____

Faculty: _____

Study Programme: _____

Study Programme Level: (delete where not applicable):

Bachelor – Master – Master after Master – Linking programme – Preparatory programme - Postgraduate programme – Lifelong learning - Microcredential

Name Lecturer-in-charge: _____

Course Unit: _____

Academic Year: _____

Exam Period:

- **first semester**
- **second semester**
- **resit**

Additional Information (e.g.: motivation, request specifications, …)

I hereby acknowledge receipt of my own exam copy and answers. I understand that I may only use them in relation to my personal educational career, and that any misuse will be sanctioned in accordance with the Disciplinary Regulations for Students.

Date: _____

Student Signature: _____