

Registration Form Oral Examination (MA-Thesis presentation)

Study Programme: Roads to Democracies

Name, First Name: \_\_\_\_\_ Matriculation number:..: \_\_\_\_\_

1.Examiner: \_\_\_\_\_

2. Examiner / Observer: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_

Confirmation of the examination date by the examiner and the candidate

Examiner:

With my signature I confirm the examination date above.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature Examiner, **Stamp**

Student:

With my signature I confirm my registration for the defense of my MA-Thesis. I know that I can withdraw from this scheduled examination until one week before the scheduled date by submitting a written letter to the examination office. If I withdraw later than that I have to communicate the reasons for this immediately to the Faculty's general examination board in written form and a new date must be organized.

I agree with

I do not agree with , \*)

the attendance of other students at my oral examination.

\_\_\_\_\_

Date

\_\_\_\_\_

Student's signature

\*) Please tick the appropriate option.