



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 – permanent training

Name Lecturer-in-charge: _____

Course Unit: _____ Academic

Year: _____

Examination 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](#). (in Dutch).

Date: _____

Signature: _____