

YEAR _____
SPECIALIZATION _____
GROUP NO _____
NO OF STUDENTS _____

EXAM SCHEDULE

session _____ / year _____

No.	DISCIPLINE	Oral or written exam (it will be mentioned if there will be a written exam)	Examiners Name and Surname	Date of the written and oral exam (day and month)	Hour agreed by the examiners for the oral/written exam	Examiners' signature (the examiners are asked to fill in the dates)	ROOM (will NOT be filled in by the student)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

Signature,
Dean

Signature,
Faculty's Secretary

Signature,
Student