

Registration number

Degree program number

## NOMINATION OF THE EXAMINATION COMMITTEE

### Data of the Student

First name and Family name	
Phone number	
E-Mail	

### Examination Subjects

1. Subject	
2. Subject	

Linz, \_\_\_\_\_

Student Signature	
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### Examination Committee

1. Examiner	
	(Signature)
2. Examiner	
	(Signature)

Endorsement by Praeses	
	(Signature)
For the Vice Rector	

#### Please note

This form as well as the examination raster must be submitted to the Examination and Recognition Services no later than **4 weeks** before the examination. The student is responsible for arranging the date, time and room of the examination and to disclose this information to the Examination and Recognition Services **no later than 10 days before** the examination. At this time **all prerequisites** for the second part of the Bachelor's examination **must be fulfilled**.