

## Grading of an Elective Module

(the original of this form must be sent to the examinations office)

Surname

First Name

Matriculation Number

Number of the Module

Title of the Module

Start of Module

End of Module

Tutor and Person in Charge of Module (if Different)

**Module Completion Exam**

**Written Exam**

**Protocol**

**Date of the Exam/  
Protocol Delivered on**

forwarded to the examinations office on

Paper Print

E-Mail

**Grade**

**Main Reasons for the Grading (Key words Do)**

Date

Signature of Tutor and Person in Charge of the Module (if different) and Stamp