



Univerza v Mariboru

Fakulteta za turizem

APPLICATION FORM FOR EXAM

Registration number: _____ Surname, name: _____

Mode of study: _____

Type of study: _____

Level of study: _____

Year: _____

Study programme, stream: _____

Year of first enrolment: _____

Form of knowledge assessment: _____

Subject: _____

Exam provider: _____

Exam date: _____

Exam time: _____

Place of exam: _____

Date of last knowledge test: _____

Number of times taken so far: _____

Requirements completed * YES NO

*examiner to circle

seminar paper colloquium presentation other:

Date of registration for the exam: _____

Knowledge test report (exam progress, exam questions)¹:

Total grade for the study unit: _____

Exam provider's signature: _____

Signature of the examination commission: _____

Date: _____

¹The knowledge test report must be completed (or questions must be attached) in the case of a commission examination