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| Student number | : |   | Name | : |   |
| Phone number | :  |   | Email | : |   |

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| **Courses which are to be replaced:** |
| **Code** | **Course** |  **EC** | **Remarks** |
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| **Newly selected courses:** |
| **Code** | **Course** |  **EC** | **Remarks** |
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 A complete overview of your new, changed Individual Exam Programme **has to be attached.**

Hand in this form with attachment and your signature at the Service Desk of EEMCS.

**Student SET Responsible Employee Board of Examiners**

 (if necessary)

Name: Name: Name:

Date: Date: Date:

Signature: Signature: Signature: