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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: