



Request form for displacement of exams for reason of multiple examinations at the same time

Form in accordance with article 106 of the Teaching and Examination Regulations

TO BE COMPLETED BY THE STUDENT AND SENT PER MAIL TO THE TITULAR WITH FACULTY SECRETARIAT IN CC (facwe@vub.be)

Enrolment number
 Family name - Name
 E-mail address
 Enrolled for (programme)

Examination for which the displacement is being requested (for multiple overlaps, please complete the form for each of the overlaps separately):

Course Unit	Examinator	Date
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On the following dates I need to take other exams:

Date	Hour	Course Unit	Examinator
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The examiner decides whether a re-scheduled examination is organisationally possible and sends the decision to the student by e-mail with cc. to facwe@vub.be