

**Master's exam (Study Code: 066 514)**

**Name:**

**Matriculation Number:**

Please fill in the arranged Master's exam commission (four people, no signatures needed) and the examination Modules:

Name of chairperson \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Examiner fr. PLUS + subject 1 \_\_\_\_\_

Examiner fr. SUAS + subject 2 \_\_\_\_\_

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Examination office:

On behalf of the Vice Rector for Academic Affairs:

\_\_\_\_\_ Date

\_\_\_\_\_ Dean