

Appointment as external co-examiner for the period 1.4.2014-31.3.2018

Please complete the form in block capitals

Name

Position

Degree

Work address

Private address

Civil registration number

Email

Phone number (work)

Phone number (private)

Employer

Ad hoc

Institution

New appointment

Re-appointment

Please deliver mail to

Private address

Work address

I hereby accept my appointment as an external co-examiner on the national board of co-examiners for:

Examination area

Subject areas

Signature and date