

EXTRAMURAL EXAM**STUDENT**

Name	First name
SCIPER	Section
Home University	
Reason for requesting an extramural exam	

EPFL LECTURER

Name	First name
Course code and title	
Exam form <input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Other — please specify:	

HOME UNIVERSITY REFERENT

Name	First name
Position or title	
Phone number	E-mail address

SIGNATURES

Student signature	Date
EPFL lecturer signature	Date
<i>By his/her signature, the lecturer accepts to organise the extramural exam according to the procedure detailed in the following pages.</i>	
<i>The EPFL lecturer has no obligation to accept the organisation of an extramural exam. Extramural exams should never take place earlier than the corresponding EPFL exam. The EPFL lecturer will upload this form with the exam protocol at the same time as she/he inputs the grade in IS-Academia.</i>	