

RECORD **of the Doctoral Examination Subject**

Name of Subject:

First Name, Last Name(s), Academic Degree(s):

Student Identification Number:

Degree Program:

Degree Course:

Supervisor:

Examiner:

Content of Examination:

Date of Examination:

Result of Examination:
(Delete as appropriate)

Pass

Fail

Examiner's Signature:

.....

Supervisor's Signature:

.....

The Record is submitted to the Research and Development Activities Department.