

ORAL EXAM form - Astronomy

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|---|--|
| Course | |
| Exam date | |
| EC | |
| Level | |
| Student name | |
| Student number | |
| | |
| A list of (example) questions that were or could have been asked during the oral exam | |
| | |
| A short description of the performance of the student during the oral exam | |
| | |
| | |
| Grade | |
| Name 1 st examiner | |
| Signature 1 st examiner | |
| Name 2 nd examiner | |
| Signature 2 nd examiner | |

Please, send the filled out form to cijfersSTRW@science.leidenuniv.nl and eduassist@strw.leidenuniv.nl, or hand in to the EDUCATION OFFICE ASTRONOMY, room Oort 564.