


Please do not print out then scan the form. Just send it by email.  
Do not use a picture or scan of your signature, but rather use the online signature tool.

Surname

First name:

Student number:

Student email: 

Please email the application to the member of the teaching staff responsible.

## Application to register for a first attempt at an examination when the retake is scheduled

I hereby apply to take my first attempt at an examination when the retake is scheduled.

I am aware that I have no right to this registration and it is only possible with the consent of the relevant member of the teaching staff.

I am complying with the obligation to register within the registration period  
from: \_\_\_\_\_ to: \_\_\_\_\_

Semester:

Professor:

Module:

course:

Date of examination

Date:

Signature:

Please email the application to the Examination Office for Chemistry

I consent \_\_\_\_\_ do not consent \_\_\_\_\_  
to the registration to take the examination at the retake date.

Date:

Signature of the relevant  
member of the teaching staff:

You have been registered in FlexNow. You have received the confirmation email via FlexNow.

Unfortunately, your application was refused.

Date:

Signature Examination Office:

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