

For official use only

Date received:	
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Special Examination Arrangements Form

Application deadline: 1 month before the examination date

Personal Information (All fields are mandatory)	
First name:	Last name:
Student number:	Date of birth:
Address:	Postal code and city:
Phone:	Email:
Examination	
Course name:	Exam date:
Course code:	Exam duration (hours):
Reason for Request	
Information about the External Institution	
Institution:	Phone number:
Address:	Postal code and city:
Contact person:	Email:
Date, Place	Signature:

Please return this form to eksamen@hlt.no.