ASSESSMENT PROTOCOL FOR

SPECIAL SYLLABUSES

When completed and signed the form must be sent to [sensur@nmbu.no](mailto:sensur@nmbu.no)

|  |  |
| --- | --- |
| STUDENT | |
| Student name |  |
| Student no. |  |
| Date of birth |  |
| Study programme |  |

|  |  |  |  |
| --- | --- | --- | --- |
| SPECIAL SYLLABUSES | | | |
| Title in Norwegian |  | | |
| Title in English |  | | |
| No. of study point |  | | |
| Faculty |  | | |
| Year and semester |  | | |
| Special syllabus in connection with: | Associated with a master’s thesis. | Associated with a Ph.D. degree | Other special syllabuses |
|  |  |  |
| Assessment | A to F | Pass/ Fail | A to F or Pass/Fail |

|  |  |
| --- | --- |
| ASSESSMENT | |
| Pass/ Fail |  |
| Letter grade A to F |  |

|  |  |  |
| --- | --- | --- |
| SIGNATURE | | |
|  | Date | Signature |
| Internal examiner |  |  |
| External examiner |  |  |