ASSESSMENT PROTOCOL FOR

SPECIAL SYLLABUSES

When completed and signed the form must be sent to sensur@nmbu.no

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

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| 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 |

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

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