Master's exam

Human Computer Interaction

(Study Code: 066 514)

PLUS Registration N°: _____

Last Name: _____ First Name(s): _____

Please fill in the arranged Master's exam commission (four people, no signatures needed) and the examination modules:

Name of chairperson _____

Name of supervisor _____

Examiner from PLUS _____

+ subject 1 _____

Examiner from SUAS _____

+ subject 2 _____

Date: _____   _____

Signature of the Dean
On behalf of the Vice Rector for Academic
Affairs