



## Record of Doctoral Study Examination

### Visual Communication

<b>Course</b>	KDT/
<b>Form of examination</b>	<input type="checkbox"/> Oral <input type="checkbox"/> Written
<b>Date of examination</b>	

<b>Student</b> name(s), surname(s), title(s)	
<b>Supervisor</b> name(s), surname(s), title(s)	
<b>Examiner</b> name(s), surname(s), title(s)	

**Examination questions**

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<b>Examination result</b>	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
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<b>Examiner's signature</b>	
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