



Record of Doctoral Study Examination

Visual Communication

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

Student name(s), surname(s), title(s)	
Supervisor name(s), surname(s), title(s)	
Examiner name(s), surname(s), title(s)	

Examination questions

--

Examination result	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
---------------------------	---

Examiner's signature	
-----------------------------	--