

## Authorisation for Post-Exam Review

Module: ..... Date of written exam: .....

Examiner: ..... Date of post-exam review: .....

### Constituent:

Family name, First name: .....

Student ID number: .....

### Authorised Representative\*:

Family name, First name: .....

Address: .....

### Declaration:

I hereby authorise the person named under "Authorised Representative" to exercise my rights to inspect the above-mentioned written exam.

The authorisation is only valid for the above-mentioned inspection.

I am aware that any kind of manipulation of the exam by the authorised representative is considered an attempt to cheat and will result in grading the exam as failed.

I am aware that any form of use of any copies of my written exams made by the authorised representative for purposes other than the exercise of my rights is illegal and will be reported by the University of Bonn for criminal prosecution in case it becomes known.

Place, Date: ..... Signature: .....

\*) The authorised representative has to identify herself/himself by a valid ID card or passport.