|  |
| --- |
| Kod/Code **Skriv din kod på alla inlämnade sidor Write your code on all submitted pages** |



Institution, enhet, avdelning

SLU Umeå, 901 83

Telefon 090 – XX XX XX

www.slu.se

Ifylls av studenten:

**To be completed by the student:**

**Texta tydligt/Please print readably**

Namn/Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | - |  |
| År /Year | Månad /Month | Dag/ Day |  | XXXX |

Personnummer, 10 siffror/
Personal ID, 10 digits

Dagens datum/ Inlämnat klockan/
Today’s date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time when submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ifylls av studenten eller förifyllt av Institution/Enhet:**

**To be completed by the student or prefilled by the Department/Unit:**

|  |  |
| --- | --- |
| Program/Program |  |
| Kursens namn/momentCourse title/module |  |

**Ifylls av tentamensvakt:**

**To be completed by the invigilator:**

Studenten har lämnat in blank tenta
The student has submitted blank exam Sign:……………….… Klockan:……………………