



Note:

This consent form is only legally valid together with the data protection statement.

**CONSENT FORM
for video examinations in Summer Semester 2020**

Leipzig University, _____
(Faculty)

is offering students the opportunity to either take regular examinations at a later point in time or to take oral examinations online as video examinations during the coronavirus pandemic. The following information and consent must be provided for the video examination:

Must be completed by the examiner before giving to the students:

Course of study: _____

Last Name(s), First Name(s):
(Examiner and, if appl., co-examiner) 1. _____
2. _____

Examination Results
in the Module: _____
(List previous examination
results with the module title and number) _____

Authorized Aids and Resources: _____

To be completed by the student:

Last Name, First Name: _____

Student ID Number: _____

I hereby confirm (see above) that:

- the exam will not be postponed, but will take place as a video examination;
- I will not use any unauthorized aids or resources; and
- no other person will be in the room during the examination.

I understand that the regulations for the examination procedure in the above module apply.

Place, Date

Student Signature