

Official seal of the Faculty of Medicine

Bydgoszcz, .....  
(date)

**Protocol  
confirming student attendance and code receipt**

field of study: Medicine  
level of education: uniform Master's degree study  
degree profile: general academic

**Final examination date:** .....

**Test location:** .....

Number of students entering for the final examination:.....

List of students (including student ID numbers) together with their codes, date and signature

No.	Student's surname	Student's first name	Student ID number	CODE	Student's signature confirming attendance	Student's signature confirming code receipt
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

Head of the Examination Team :

.....  
(title, full name)

.....  
(signature)

Members of the Examination Team:

1. ....
2. ....
3. ....
4. ....
5. ....  
(title, full name)

- .....
- .....
- .....
- .....
- .....  
(signature)

Official seal of the Faculty of Medicine

Bydgoszcz, .....  
(date)

**Appeal form  
concerning substantive objections to test questions**

field of study: Medicine  
level of education: uniform Master's degree study  
degree profile: general academic

**Test examination date:** .....

**Test location:** .....

**OBJECTION TO AN EXAMINATION QUESTION**

**Code number of the examined student:** .....

Number of question subject to objections:

Test version:

Description of the objection:

Justification:

**I have received the appeal form:**

*Signature of the Head of the Examination Board*

**Decision on the objection**

accept

overrule

Justification:

*Head of the Examination Team:*

.....  
(title, full name)

.....  
(legible signature)

Official seal of the Faculty of Medicine

Bydgoszcz, .....  
(date)

**Protocol**  
**of the course of the test examination**  
*final examination for students of the 6th year of the Medical programme*

field of study: Medicine  
level of education: uniform Master’s degree study  
degree profile: general academic  
mode of study: full-time and part-time as well as studies in English

**Test date:** .....  
**Test location:** .....

**1. Head of the Examination Board:**

.....  
(title, full name) .....  
(signature)

**Members of the Examination Board:**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
(title, full name) .....  
(signature)

**2. Examined students and examination materials:**

Number of students allowed to enter for the examination: .....  
Number of students who attended the examination: .....  
Number of students who did not attend the examination: .....

**3. Details concerning the course of the final examination:**

Exact time of the start of the exam: .....  
Exact time of the end of the exam: .....

Notes on the course of the exam (including any disqualifications, leaving the room by examinees, submitting objections against the test):

.....  
.....  
.....  
.....  
.....  
.....

**4. After finishing the final examination, the following were returned to the Dean's Office of the Faculty of Medicine:**

Questions sets

Version A

used ..... (in words .....)

unused ..... (in words .....)

Version B

used ..... (in words .....)

unused ..... (in words .....)

Answer sheets

used ..... (in words .....)

unused ..... (in words .....)

*Submitted by*.....  
(full name) (signature)

*Received by*.....  
(full name) (signature)

**Signatures of the Head and Members of the Examination Board**

Head of the Examination Board:

.....  
(signature)

Members of the Examination Board:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
(title, full name) (signature)

Bydgoszcz, .....  
(date)

**Protocol  
of the course of the practical examination**

field of study: Medicine  
level of education: uniform Master's degree study  
degree profile: general academic  
mode of study: full-time and part-time, as well as studies in English

**Practical examination date:** .....  
**Examination location:** .....

*Confirmation of student attendance at the practical examination*

List of students:

No.	Student's surname	Student's first name	Student ID number	Student's signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				etc.

***Examined students:***

Number of students allowed to enter for the examination: .....  
Number of students who attended the examination: .....  
Number of students who did not attend the examination: .....

**Details concerning the course of the final examination:**

Exact time of the start of the exam: .....  
Exact time of the end of the exam: .....

Notes on the course of the exam:

.....  
.....  
.....

**Head of the Examination Team:**

.....  
(title, full name)

.....  
(signature)

**Members of the Examination Team:**

.....  
.....  
.....  
(title, full name)

.....  
.....  
.....  
(signature)