**EXAMINATION QUESTIONS**

|  |  |
| --- | --- |
| Faculty: | Choose an item. |
|  |  |
| Examination in: | *Course code* |  | *Course name* |
|  |  |  |  |
| Time for exams: | Click or tap to enter a date. |  | *As from – to and duration of examinations (hours)* |
|  |  |  |  |
| Course responsible: | *Name* |
| External examiner: | *Name* |
|  |  |  |  |

**Permissible aids:** *CHOOSE ONLY ONE OPTION, DELETE THE REST*

**- A1: no calculator, no other aids**

**- A2: no calculator, other aids as specified**

**- B1: calculator handed out, no other aids**

**- B2: calculator handed out, other aids as specified**

**- C1: all types of calculators, other aids as specified**

**- C2: all types of calculators, all other written aids.**

**- C3: all types of calculators, all other aids - including digital**

|  |  |
| --- | --- |
| The exam papers include: | *Number of pages incl. attachment* |

***PASTE THE EXAM QUESTIONS BELOW (page 2)****If the examination consists of several parts, please inform about how much each part counts toward the grade.*