

## RRE - Exam Registration Form

Name: _____
Phone: _____ E-mail: _____
Cpr.nr. / Student ID: _____
Signature: _____

- Winter exam 20 \_\_\_\_     Summer exam 20 \_\_\_\_  
 Re-examination (February or August/September) 20 \_\_\_\_

The student is responsible for correct examination registration.

**The form must be handed in to the reception at The Theological Faculty /scanned and emailed to (one of) your teacher(s) by 15 March/ 15 October.**

### Courses:

- Options: Interaction, text, language* (10 ECTS)

Name of course: \_\_\_\_\_

- The Emergence of Judaism, Christianity and Islam* (10 ECTS)

Name of course: \_\_\_\_\_

- Text from a particular religion* (10 ECTS)

Name of course: \_\_\_\_\_

- Interaction between the religions* (10 ECTS)

Name of course: \_\_\_\_\_

- I wish RE EXAM in the following course:* (10 ECTS)

Name of course: \_\_\_\_\_