



UNIVERSIDAD  
DE GRANADA



Register:

**SPECIAL ASSESSMENT SESSION  
APPLICATION FORM**

Indicate the name of the master's degree programme

MASTER'S DEGREE

**APPLICANT DETAILS:**

FULL NAME	
ID CARD/PASSPORT NUMBER	
ADDRESS FOR COMMUNICATION	
TOWN	
POSTCODE	
PHONE	
EMAIL	

**STATEMENT:** I am registered in the abovementioned master's degree programme for the current academic year and I meet the requirements described in Article 21 of the UGR Assessment Policy and Regulations.

**REQUEST:** I hereby request to bring forward the ordinary assessment session for the following courses that I already took previously:

COURSES	Code

**IMPORTANT:** THE APPLICATION PERIOD WILL BE OPEN UNTIL 30 NOVEMBER.

Granada, .....[Date]

Signature: \_\_\_\_\_

**DIRECTOR OF THE INTERNATIONAL SCHOOL FOR POSTGRADUATE STUDIES (EIP)**

The personal data you provide in this form will be processed by the UNIVERSITY OF GRANADA, with headquarters in Avda. del Hospicio, s/n 18071 Granada, for its relevant purposes. You may exercise your rights of access, rectification, cancellation and opposition by sending a written request to the University of Granada Secretary's Office at the address indicated above, accompanied by a copy of your ID card. This information is provided in accordance with Article 5 of Organic Law 15/1999, of 13 December, on the Protection of Personal Data.