**PAYMENT FORM – ORAL OR WRITTEN EXAM**

In order to allocate payment for examination, please fill in the form below:

|  |  |  |
| --- | --- | --- |
| Examiner name |  | |
| Date of birth (*not* CPR no.) |  | |
| Degree programme / level |  | |
| Course/exam name |  | |
| Oral or written + length of exam |  | |
| Number of students | No. of **examined** students:  *(Excl. absent students)* | No. of absent students: |
| - | No. of blank papers:  *(Only written exams)* | Other? |
| Exam date(s) |  | |

Please e-mail this form to your contact person.

Payment will be paid to you as soon as possible.

Kind regards,

Programme Administration  
*Dept. of Economics and Business Economics*   
Aarhus University  
Aarhus BSS  
<http://econ.au.dk/education/for-external-examiners/>