**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/>