# ASSESSMENT MODULE EXAMINATION

for the Master’s Degree Program in Cognitive Neuroscience

at the Department of Education and Psychology, Freie Universität Berlin

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name:** | «Last\_name» | **Student ID:** | «Student\_ID» |
| **First name:** | «First\_name» | **Cohort:** | «Cohort» |
|  | | | |
| **Type of assessment:** | <Schriftliche Klausur / Mündliche Prüfung / Termpaper. Bitte vermerken, wenn 1./2. Wiederholung> | | |
| **Module:** | <Name of the module> | **¹Grade:** | «Grade» |
| **Information on grading:** |  | | |
| <Signature> | | <Date of examination> | |
| **Examiner** | | **Date of examination** | |
| **<Academic title><First and last name>** | |  | |
| **Submit to:** | Submit this document via email to the examination office:[<macnb@ewi-psy.fu-berlin.de>](mailto:macnb@ewi-psy.fu-berlin.de) | | |