

Registration Form for Courses / Exams

CONTACT DETAILS Last Name (Ms/Mr) : First Name : Email : @etu.unige.ch Registration No. : Complete postal address: Please write on the back of this form

STUDY STATUS

	Auditor (attach copy of payment statement)
	Free candidate (enrolled in a School, Institute or Faculty other than GSEM - specify) :
	Mobility : □ SEMP □ Other □ Swiss Level : □ Bachelor □ Master
	Home University :
	Host Faculty at UNIGE : D GSEM D Other :
	PhD student / Master's Complementary Program / Complementary Certificate
	Please specify :
	Extra-curricular courses - if GSEM student, please specify :
	Derogation granted
Please tick one box only :	
	"I already registered for previous GSEM exams sessions"

"I have never registered for any GSEM exams"

COURSES AND EXAMS REGISTRATION (Retake) Exam session : □ Fall 20.. □ Spring 20.. □ Summer 20.. ACCEPTED DENIED COURSE ECTS (space (space EXACT COURSE TITLE TEACHER'S NAME NUMBER CREDITS reserved for reserved for the School) the School)

Caution :

- Mobility students cannot register for courses at a different level than their original program (Bachelor = Bachelor, Master = Master).
- Credits for courses that students who are enrolled in a GSEM cursus acquired outside their program will not be counted for their current program.
- This document must be returned within the School's official deadlines (see GSEM Academic Calendar).

□ Exams : I hereby confirm that I have read the guidelines on the organization of the exam sessions and acknowledge that fraud may lead to my exclusion from the GSEM.

Directive for students

□ Written assignments to be submitted: I declare that I am the legitimate author of this text and certify that the sources of all affirmations that are not the product of my personal reflection have been duly attributed and that any text copied from another source appears between quotation marks. I further acknowledge that I am aware that plagiarism may lead to my exclusion from the GSEM.

Directive on plagiarism of UNIGE's students

Date : Student's signature :

To return this form, please write your name and address on the lines below: