

Lecturer:	<i>(Date)</i>	Approved by:	<i>(Date)</i>
<i>(Signature & Full name)</i>		<i>(Signature, Position & Full name)</i>	
 UNIVERSITY OF TECHNOLOGY – VNUHCM FOREIGN LANGUAGE CENTER	FINAL EXAM	Semester/ Academic year	
		Date	
	Course title		
	Course ID		
	Duration		Question sheet code
<i>*Note: Submit the question sheet together with the answer sheet.</i>			

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