MAKE-UP EXAM APPLICATION FORM

FACULTY OF HEALTH SCIENCES
To the Head of the Department of ……

I was unable to attend the midterm examinations of the courses listed in the table below due to the excuse stated in my petition and documented in the attached file. I kindly request to take the make-up exam for the relevant course/courses.

Respectfully submitted..

Date : … / … / 20…
Name – Surname: :
Name – Surname: :

Please fill in all fields.

Student Number	
Department	
Mobile Phone	
E-mail Address	
Academic Year	
Course Term	☐ FALL ☐ SPRING
Reason for Excuse	

COURSES FOR WHICH I REQUEST A MAKE-UP EXAM

Course Code	Course Title	Instructor's Name and Surname

Attachment: Excuse Document

IMPORTANT* Students who will take the make-up exam must submit documentation proving their excuse.

Make-up exam applications must be submitted within one week after the end of the midterm examinations..