REQUEST FORM FOR TAKEING A SUPPLEMENTARY EXAM TO INCREASE GRADE

FACULTY OF HEALTH SCIENCES
TO THE HEAD OF …… DEPARTMENT

Although I have successfully completed the final exam for the course(s) listed below, I would like to improve my grade by taking the make-up exam.

Date : … / … / 20..
Name Surname :
Signature :

Please fill in all fields.

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

Courses I Am Required to Take This Semester

Course Code	Course Title	Instructor	Exam Date	Exam Time