****

**FACULTY OF ………………..**

 **MAKE-UP EXAM REQUEST FORM**

|  |  |
| --- | --- |
|  **Student:** |  |
|  Name Surname : |   | Semester | :  |
|  Student ID : |   | Mobile |  :  |
|  Department : |   | E-Mail |  :  |
|  Class : |   | Date |  :  |

I am a student of the Faculty with the above credentials.

I could not take the below mentioned exam / course exam / midterm / final / make-up exam on (date) ……..

 due to ………………………………………………………..

I kindly ask you to take the necessary action in order to take the make-up exam.

 Supporting document:

-Report

...............................................

(Signature)

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **CLASS CODE** | **COURSE NAME** | **INSTRUCTOR (Title, Name, Surname)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |

ÜÜ.FR.033 Revizyon No: 1 (24.08.2020)