****

**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** |  |  |  |

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