ÜSKÜDAR UNIVERSITY

EXAM OVERLAP DECLARATION FORM

…… / …… / 20……

Our student, whose credentials are stated below, declares an exam overlap in the exam time and has taken the exam at the stated date, time, and classroom, which was under my supervision.

I kindly submit for your information and action.

....

Exam Supervisor
(Title, Name Surname, Signature)

Student Name Surname : ....

Student ID   : ....

Faculty/VSHS   : ....

Department/Program   : ....

Exam Course Name : ....

Classroom   : ....

Exam Date   :...… / ...… / 20.......

Exam Time   : ……… /…………

Mobile Phone   : ....

E-mail   : ....