**…. / …. / 20****2…**

**T.C. ÜSKÜDAR UNIVERSITY**

**Faculty of …………………………..**

 **EXAM OVERLAP DECLARATION FORM**

# My ID information is below. Due to the exam overlap, I would like to take the exam for the course below, which I am responsible for, at the specified date and time.

 Yours sincerely.

**Student Name and Surname:**………………………………………………………………………….

**Department/Class:** ……………………………………………………………………………………
**Student ID:** ……………………………………………………………………………………………

**If there is DOUBLE/MINOR MAJOR, the Department:** ………………………………………… **1) Exam that be taken: (The priority is the course taken from the own department and the lower class)** …………………………………………………………………………………………………….

**Instructor Of The Course:** ……………………………………………………………………………

**Exam Date, Time And Room:** …………………………………………………………………………

**Signature Of The Instructor Who Will Conduct The Exam:**……………………………………….

 **2) The Exam of the Course That Will Be Taken Later:** ……………………………………………..

**Courses’ Department:** …………………………………………………………………………………

**Instructor Of The Course:** …………………………………………………………………………….

**Exam Date, Time And Room:** ………………………………………………………………………… **Student Phone Number:** ………………………………………………………………………………

**Student Signature:** ……………………………………………………………………………………..