

**MAKE-UP EXAM REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Surname :** |  | **Class** | **:**  |
| **Student No :** |  | **Phone No** | **:**  |
| **Faculty/VS :** |  | **E-Mail** | **:**  |
| **Dept./Program :** |  | **Date** | **:**  |

***Form No (It is filled by the Dean’s Office/The Directorate.):*** *…………………………………………………*

 **TO THE DEAN’S OFFICE OF THE FACULTY OF .................................................../**

**THE DIRECTORATE OF VOCATIONAL SCHOOL OF...................................................**

I am a student in the Faculty/Vocational School of…………………………………..with the above-mentioned credentials. I could not enter the mid-term exams of the course(s) I stated below due to the fact that ..................................................................................................................... ……………………………………………………………………………………. I kindly request that the necessary action is taken in order to be able to take the make-up exam.

 …..…………………………

 (Student’s Signature)

|  |  |  |
| --- | --- | --- |
| **COURSE TITLE** | **COURSE NAME** | **INSTRUCTOR OF THE COURSE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Appendix:** Report