

**MAKE-UP EXAM REQUEST FORM**

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| **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)

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| **COURSE TITLE** | **COURSE NAME** | **INSTRUCTOR OF THE COURSE** |
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**Appendix:** Report