



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