



T.C.
ÜSKÜDAR
ÜNİVERSİTESİ

PETITION FOR MAKE-UP EXAM REQUEST

Student's:

Name-Surname: Class:
Student No: Telephone No:
Faculty : E-Mail:
Programme: Date:

.....THE DEAN'S OFFICE OF THE COMMUNICATION FACULTY

I am a student at your Faculty / MYO, as identified above.

I was unable to attend the midterm exam(s) for the course(s) listed below due to the reason specified:

I kindly request to be granted permission to take the make-up exam(s).

Att:

.....
(Signature)

COURSE CODE	COURSE TITLE	INSTRUCTOR