



.... / .... / 202...

**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:** .....