OVERLAP EXAM NOTICE FORM

My credentials are stated below. The exams of the courses I take are overlapping, and I kindly request to enter the exam of the aforementioned course that I am responsible at the specified date and time at an appropriate time.

Kindly submitted for the necessary action.

Student's Name And Surname: …………………………………………………………………………………………..

Department/Program And Class:……………………………………………………………………………………………

Student Number: ……….

Dept./Program If The Student Studies In Double Major/Minor:…………..………………………………………………

1) Course Of The Exam: (Priority Is Given To The Course Taken From The Student's

Department/Program And The Failed Course)……………………………………………………………………………

Instructor Of The Course: …………………………………………………………………………………………………

Exam Date, Time And Place Of The Class: ……………………………………………………………………………

Signature Of The Instructor Who Will Execute The Exam:..……………………………………………………………..

2) The Course Of The Exam To Be Entered Later:………………………………………………………………………..

Department/Program Of The Course: ……………………………………………………………………………………

Instructor Of The Course: …………………………………………………………………………………………………

Exam Date, Time And Place Of The Class:………………………………………………………………………………

Student's Phone No:……

Student's Signature: ………………………………………………………………………………………………………