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| **Name Surname** | **StudentNumber** |
| **Programme** | **Class** |
| **Phone Number** | **E-mail** |



**TO THE GRADUATE SCHOOL OF HEALTH SCIENCES DIRECTORATE**

I am the student whose identity information is listed above. I was unable to take the midterm exam for the course(s) listed below due to ………………….……………………………………………………… .

I request that I be allowed to take the make-up exam.

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| ............................................... |
| Signature |

**Appendix**: Report

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| **COURSE CODE**  | **COURSE NAME**  | **COURSE INSTRUCTOR** |
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