



# REQUEST FOR MAKE-UP EXAM

Code	SAO.4.19.0 ENG
Adoption date	12/09/2016
Revision date	-
Pages	1/1

Student No	Student Name		Date of Application				
	Faculty		Telephone & e-mail address				
Program			Academic Year and Semester				
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Master's	<input type="checkbox"/> PhD	Academic Year	20 <input type="checkbox"/> / 20 <input type="checkbox"/>	Semester	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring

To: <sup>1</sup>	<input type="checkbox"/> Faculty of Economics and Social Sciences	<input type="checkbox"/> Faculty of Engineering and IT	<input type="checkbox"/> Education Faculty
------------------	---	--	--

### I) Information about the exam:

I appeal to the Faculty to cancel the following final exam score: \_\_\_\_\_

Date of Examination : \_\_\_\_\_

### II) Reason (s) for the request:

1. Personal reasons (request to take a make-up as the replacement for the previous score.)

Explanation:

.....

.....

Note: I understand that my new result shall terminate previously obtained grades.

### III) Additional Explanation (if necessary)

.....

Note: Request should be submitted in two copies.

### Required signature:

By signing below, I certify that the information contained on this form and all supporting documents is true and accurate.

Student Signature

Date

### IV) Approval of the Faculty Secretary

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Date		Signature of Faculty Secretary	
-----------------------------------	-----------------------------------	------	--	--------------------------------	--

<sup>1</sup>Please, mark related Faculty.

<sup>2</sup>To be filled out by university personnel