



# 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
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### 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:

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

### III) Additional Explanation (if necessary)

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

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