

Petition For Make-up Exam

Student information		
Name	ID NUMBER:	
EMAIL:	PHONE:	
The student is requesting a Make up exam for Course name	or the following:	
Course tutor nameExam Type: T1 /T2 / Midterm / Final Project Percentage exam%	Year 20	FallSpringSummer
The reason to request an exception to univ	ersity policy is the following	g:
 Medical (hospitalization receipts,) Death in family (condolence paper) Military obligation (Proof document) Personal (document of Proof) Other (define) Dear Student, please submit your explanation	on and supportive documen	.
Dear Student, please submit your explanation	on and supportive documen	ıt
Student Signature		Date
o PAID FEES FOR EXECUTION ARE 50,000	DLBP	
Department Advisor	Administration	
o Approved	o Approved	
o Denied	o Denied	
o Modified	Modified	
Reason	Reason	
	-	
-	Signature	Date
Signature Date	-	

Conditions of Make up Exam petition:

- If fees are not paid the process of petition is cancelled.
- The exam will cover all the material of the course no matter what the exam to be made up is.