

	<h2>REQUEST FOR MAKE-UP EXAM</h2>	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 Natural Sciences	<input type="checkbox"/> Faculty of Education and Humanities				

**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