



REQUEST FOR MAKE-UP EXAM

Document No	FR
Publication Date	
Rev Date/No	- / 00
Number of Pages	1/1

Student No	Student's 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: ¹	<input type="checkbox"/> Faculty of Economics	<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 _____ 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 the previous ones.

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 Authorized Person²

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Date	Signature of Authorized Person
-----------------------------------	-----------------------------------	------	--------------------------------

¹Please, mark related Faculty.

²To be filled out by university authority.