



KADIR HAS UNIVERSITY

Make-Up Exam Application Form

Academic Year

Fall Spring

Date
.../.../...

Student Information

Student ID:

Department:

Student Name – Surname:

Phone:

Signature:

I want to take the make-up exam for the course (s) listed below.

I declare that I know and accept that my application will be deemed invalid and disciplinary and other legal actions will be taken against me if the information I have given here and the submitted documents are incomplete or inaccurate.

Reason for requesting a make-up exam:

Attached document (s):

Type of Exam	Date of Medical Report	Starting Date	Ending Date	Number of Days

Exam Information and Evaluation

All the exams held during the day / days on which the student is on sick leave should be written.

Course Code	Course Name	Date of Exam

Approval of Faculty / School