

# FENERBAHÇE UNIVERSITY GRADUATE SCHOOL

# MAKE-UP EXAM REQUEST FORM

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To The Graduate School Directorate,

In the 20.….. / 20.….. Fall/Spring semester, I could not attend the midterm/final exam(s) of course/s I have indicated below due to the excuse I have stated on the attached document.

I kindly request the right for (a) make-up exam(s) for the relevant course/courses.

Name Surname:

Student ID: Email Address:

Phone Number: Signature:

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| Course Code and Name | Date of Exam | Lecturer of the Course |
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