



HALIÇ UNIVERSITY
INSTITUTE of GRADUATE EDUCATION
MAKE UP EXAM APPLICATION FORM

__/__/2022

TO DIRECTORATE OFDEPARTMENT

I hereby submit your knowledge and necessity to be able to take the make-up exam in the course (s) mentioned below due to my excuse in thesemester of the 20../20.. Academic Year.

Student's name and surname :.....

STUDENT SIGNATURE

Department :.....

Student's Number :.....

Phone number and e-mail :.....

<u>EXCUSE</u>						
1- <u>Health Report</u> ()		2- <u>Exam Overlap</u> ()			3- <u>4 or more than 4 exams on the same day</u> ()	
Issue Date of the Report	Report Duration (day)	Overlapping Exam,			Course Code	Course Name
		Code and Name	Date	Start time		
4- <u>Other</u>					

<u>Course Code and Name for which an make-up exam is requested</u>	<u>Exam Date</u>	<u>Start time</u>	<u>Instructor's Title and Name-Surname</u>

Advisor Control

- The student is registered for the courses on the list.
 Duration in the student's excuse document covers the exam dates of the courses on the list.
 The student has not taken any other exams within the time specified in the excuse document

Advisor's Name/Surname :.....

Signature :.....

Date :.....

<u>Confirmation</u>
