****

**T.C.**

**YAŞAR UNIVERSITY**

**REQUEST FOR MAKE-UP EXAM**

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| **STUDENT INFORMATION** |
| **Name / Surname** |  |
| **Student No** |  |
| **Faculty / School – Department** |  |
| **Signature** |  | **Date** |  |

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| **COURSES MAKE-UP EXAM REQUESTED FOR** |
| **Course Code**  | **Course Title** | **Exam Date** |
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| **Reason for Request** Medical report (Attach) Conflict with another exam (Indicate below the Code/Title of the course in conflict) Code: Title: |

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| **EVALUATION RESULT**(Requires decision of Faculty/School Administrative Board in case of request based on medical report) |
|  Accepted Rejected   |