****

**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 |