T.C.
ABDULLAH GUL UNIVERSITY
The School of Foreign Languages Directorate

MAKE-UP EXAM REQUEST FORM

I am a student of the Department of ……..……...at the Faculty of…… of your University, with student number ……..

I was unable to attend the midterm /final exam(s) held between…../…./…….-…../…./……. due to the excuse stated in the attached document.The exam/exams that I could not attend on the relevant date/dates are listed in the table below.

I kindly request that I be informed whether my excuse has been accepted and, if accepted, that I be granted the right to take the make-up exam(s).

I respectfully submit this for your information and necessary action.

Attachment:

☐ Medical Report
☐ other

...../…...../20…...

Email:
(agu mail)

Name Surname:
Signature :

COURSE NAME	CODE	COURSE INSTRUCTER