

**MAKE UP EXAM FORM**

..... / ..... / .....

**TO the DEAN / DIRECTORATE of .....**

I am a ..... year/s student of the ..... department/program with student number ..... at university. Due to my health problems between ..... / ..... / ..... - ..... / ..... / ..... I could not attend the ..... exam. I would like to submit to your information that necessary actions should be taken to participate in the “..... Make-Up Exam”.

**Name - Surname** : .....

**Phone Number** : .....

**Signature** : .....

Code and Name of the Course	Exam Date	Title, Name - Surname of Lecturer / Coordinator of the Course

**Attachment:** 1 Report

**APPROVED / NOT APPROVED**

**Dean / Manager**

**Title, Name – Surname**

.....

**Signature**