

## EXCUSE EXAM APPLICATION FORM

...../...../20.....

ISTANBUL MEDİPOL UNIVERSITY

DEAN'S OFFICE/DIRECTORSHIP OF THE.....

I want to take the excuse exams of the courses listed below on the Fall/Spring term of ...../..... Academic Year

I hereby submit to your information.

.....  
(Signature)

Name Surname	
Foreign ID Number	
Department	
Grade	
Degree	

Course Code	Course Credit	Term
1)		
2)		
3)		
4)		
5)		
6)		

### ATTACHMENTS

- ☐ Health Board Report  
☐ Other Reasons\*

\*Reasons:

*Important points to take into account while filling up the form.*

1. *Gross out the term you do NOT want to take the excuse exam.*
2. *Check the box to indicate your reason. If you check "Other Reasons" please explain your excuse clearly on the "Reasons" section.*