

Make-up Exam Application Form

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ISTANBUL MEDİPOL UNIVERSITY
Dean of the Engineering and Natural Sciences Faculty

I want to take the make-up exams of the courses written below in 2020/2021 academic education year winter semester.

Best Regards.

Sign

Student's

Name&Last Name :

Student Number :

Year / Department :

☐ DOUBLE MAJOR

☐ DOUBLE MINOR

☐ HEALTH ISSUES

☐ OTHER

Column No	Course Code / Course Name	Semester	Exam Date
1			
2			
3			
4			
5			
6			
7			
8			

Additions:

1) Health Report: Report Date: Start:/ / End://

2) Other reasons (*Please explain.* Double major and double minor students should add the exam schedule, in case of any collapse on exam dates.)

3) Please indicate the additional reasons.

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