

T.C.

ISTANBUL MEDİPOL UNIVERSITY

To the Dean of Department of Communications

I kindly request to take make-up exams for the 20..... / 20..... Academic year Fall/Spring course(s) below.

Best Regards,

Student's

Signature

Name-Last Name :

Student NO :

Grade/Department :

DOUBLE MAJOR MINOR STUDIES MEDICAL EMERGENCY OTHER

#No	Course (Subject -Code)	Semester	Exam Date
1			
2			
3			
4			
5			
6			
7			

ATTACHMENTS

1)Medical report: Start Date :/...../..... End Date:/...../.....

Other (Please explain. If students enrolled in double major and minor studies programs have conflicting exams they must attach their exam schedules.)

3)Please explain the attachments and write the number of pages

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