MEDİPOL UNV-İSTANBUL
İSTANBUL MEDİPOL ÜNİVERSİTESİ

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ISTANBUL MEDIPOL UNIVERSITY
FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE
MAKE-UP EXAM PETITION

I am the ……. year student of your faculty. My student number is …….. In the fall/spring semester of the ……. academic year, I would like to take the make-up exam for the course(s) written below. Kindly submitted for necessary action.

Signature :

Name - Surname	
Student ID No:	
Program	
Class	

Course Code	Course Name	Course Credit	Exam Date

Attachments:

☐ Medical Board Report

☐ Other Reasons*

*Reason:…….

Important Considerations Regarding Filling the Petition:

1. In the phrase "Fall/Spring Semester", which indicates which period the request covered by the petition covers, strike out the semester that does not concern you.

2. To indicate which attachment you have included in your petition, tick the box next to the attachment in question. If you have marked "Other Reasons" in the appendix, write the reason in question next to the phrase "*Reason" in an explanatory way.