

Make-up Exam Application Form

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Istanbul Medipol University

School of the Faculty of Humanities and Social Sciences

I want to take make-up exams from the courses written below in the fall / spring semester of the .../... academic year.

I submit the necessary information.

Signature

Name-Surname :

Student Number :

Class/ Programme:

DOUBLE MAJOR

MINOR

HEALTH EXCUSE

OTHER

| | Course Code | Course Name | Semester | Exam Date |
|---|-------------|-------------|----------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

ADDS

1) Health Board Report/ Report Date: Beginning/ /..... Finish://

2) Other Causes: