ISTANBUL MEDIPOL UNIVERSITY
DIRECTORATE OF HEALTH SERVICES VOCATIONAL SCHOOL
EXCUSED EXAM APPLICATION FORM

Date: ____/ ____/ _____

I would like to take the make-up examinations for the courses listed below in the _____semester of the 20____/ 20____academic year.
Respectfully submitted.

Signature

Full Name	
Student ID	
Program	
Class / Year	
Type of Education	

Course Name	Course Credits	Course Instructor

Reason: