

T.R.
İSTANBUL MEDİPOL UNIVERSITY
TO THE DEANERY OF THE FACULTY OF ENGINEERING AND NATURAL SCIENCES
MAKE-UP EXAM APPLICATION FORM

I want to take the make-up exams of the courses written below in 20.../20... academic education year fall/spring semester.

Best Regards.

Signature

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			

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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