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| **Student Personal Information:** |
| Name:       | Identification No.:       | Mobile No:      |
| Program:       | Department:      | School:      |
| Current Semester:       | For the Academic Year:       |
| Date:       |  |

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| **Course which the student did not attend its final exam:** |
| **Course code and number** | **Course title** | **Section** | **Semester** | **Academic Year** |
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| **Reasons for not attending the Exam:** |

Date of convened final exam: Day:      ,Date:

Student’s signature: Date: / /

|  |
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| **Instructor’s comments:**  |

|  |
| --- |
| **Student’s course grades** |
| **First exam** | **Second exam** | **Other work** |
|  |  |  |

☐Approve ☐Reject

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

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| **Department Head Decision:** |
| ☐Approve | ☐Reject |
| Comments:  |
| Chairperson Signature: | Date: / / |
|  |  |
| **Dean of School Decision:** |
| ☐Approve | ☐Reject |
| Comments:  |
| Dean’s Signature: | Date: / / |
|

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| **Dean of Graduate Studies Decision:**  |
| ☐Approved | ☐Reject |  |
| Comments:       |
| Dean of Graduate Studies Signature: | Date: / / |

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Cc/Student’s Department.

/Course Instructor.

/ Admission and Registration Dept.

***Important: A student must sit for the make-up exam in a period not exceeding four weeks from the start of the following semester.***