MEDIPOL UNV-ANKARA
ANKARA MEDIPOL UNIVERSITY

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TO THE DEAN OF THE FACULTY OF MEDICINE
APPLICATION FORM FOR MAKE-UP EXAMINATION

STUDENT INFORMATION (Please complete all fields.)	
Name and Surname	
Student ID Number	
Program	☐ Faculty of Medicine Turkish Program / ☐ Faculty of Medicine English Program
Year / Grade	
Mobile Phone Number	
Date of Exam	
Name of Exam	
Reason for Make-up Exam Request	☐ Medical Report ☐ Other Reasons

Statement of Excuse

I respectfully request that the necessary action be taken.

Signature:

Date: