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TO İSTİNYE UNIVERSITY \_\_\_\_\_ FACULTY/VOC. SCHOOL DIRECTORATE,

I am a student in \_\_\_\_\_ Faculty/Vocational School/of Higher  
Education/Institute \_\_\_\_\_ Department/Program and my student number is \_\_\_\_\_.

Because of the excuse that I have presented below, I could not participate in the exam(s) which was/were held  
between \_\_\_\_\_ and \_\_\_\_\_ dates.

I kindly request to take the make-up exam(s).

**STUDENT'S NAME AND SURNAME**

**SIGNATURE**

**REQUESTED MAKE-UP EXAM(S)**

LESSON CODE	LESSON NAME	LESSON SECTION NUMBER	INSTRUCTOR OF THE LESSON

**INFORMATION ABOUT THE MAKE-UP EXAM:**

- This form must be submitted no later than 5 days after the exam. Applications made outside of this period are not considered.
- İstinye University Make-up Exam Application Principles are taken into account during the application requirements for make-up exams and evaluation process.
- The relevant official report (medical report, death certificate, etc.) indicating the excuse must be attached to this petition.

**EVALUATION RESULT (will be filled in by Faculty/Vocational School of Higher Education/Institute Secretary)**

FAKÜLTE/ VOCATIONAL SCHOOL NAME	EVALUATION	DECISION OF FACULTY/VOCATIONAL SCHOOL OF HIGHER EDUCATION/INSTITUTE BOARD OF MANAGEMENT AND NUMBER	EXPLANATION
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED		