

# *TO EGE UNIVERSITY*

# *DEAN OF FACULTY OF FINE ARTS, DESIGN AND ARCHITECTURE*

**ISSUE:** Make-up EXAM …/ …/ 202.

I am a student with the number of ……………………., Class ……., at the department of …………………. . 201 .. / 201 .., I could not take the ……………… exam (s) of the following courses because of my □ illness / □ course conflict in the Fall / Spring semester of the Academic Year.

For this reason, I want to apply to the excuse exams for the specified exams in below.

**STUDENT NAME and SURNAME**

**SIGNATURE**

|  |  |  |
| --- | --- | --- |
| **Courses** | **Exam Date**  | **Name of the Faculty Member** |
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**Phone Number:**

