SAMARA UNIVERSITY
Office of the Registrar
Make-up Examination Request Form

Instruction

a. Complete application in two copies;
b. Fill in required information clearly and/or mark ( ) in the appropriate space;
c. Attach a receipt of application fee whenever required
d. Submit application to the College Registrar Unit during the prescribed period in the academic calendar (usually within 3-4 days after classes begin);

Name _____ ID No _____

College _____ Department _____

Program: **Enrollment Type:**

☐ Diploma ☐ Regular Fulltime ☐ Regular Part time
☐ Undergraduate ☐ Degree Extension
☐ Postgraduate Degree ☐ In-Service ☐ Distance education

Class Year _____ Academic Year _____ Semester _____

No	Title of course/s for missed exam/s	Course Code	Instructor/s	Exam Date
1				
2				
3				
4				
5				
6				
7				

(Attach supporting documents where appropriate)

Thus, I request Office of the Registrar to give due consideration to my application and allow me to sit for makeup examination.

Applicant's signature _____ Date _____

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DO NOT WRITE BELOW THIS POINT

Decision by the **Registrar:** Signature of the Registrar _____Date: _____

Accepted to take the following courses

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Rejected to take

1. _____
2. _____
3. _____
4._____
5. _____
6. _____

1st copy College Registrar Unit, 2nd copy to Department