**Application for Make-up Exam**

**◦ Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School |  | Student ID  |  | Name | (Signature) |

**◦ Course Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Course Category | Course No. | Course Title | Credits | Course Instructor | Signature | Remarks |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| **◦ Reason**

|  |
| --- |
| **Advisor : (Signature)** |

I apply for a make-up exam listed above. Date: (MM/DD/YY)**※ Please attach documentary evidence related to the make-up exam.**  |