EAST WEST UNIVERSITY

DEPARTMENT OF MATHEMATICS AND DATA SCIENCE

MAKE-UP EXAMINATION APPLICATION FORM

SEMESTER: _____

Name of the student: _____

Student ID: _____ **Department:** _____

CGPA: _____ **Credits Completed:** _____

Course Code for Make-up Examination: _____ **Section:** _____

Date of Original Examination:_____ **Initial of Course Instructor:** _____

Reason for the Application: **(Please select one)**

a) Medical Emergency ☐

(Attach supporting documents, including the prescription and recommendation from the University doctor.)

b) Family Emergency ☐

(Attach supporting document(s) or other relevant evidence.)

c) Other ☐

Please specify _____

_____

Filled in by the Course Instructor

Do you recommend that the student be allowed to sit for the make-up examination?

Recommended ☐ **Not Recommended** ☐

Comment (if necessary) _____

Percentage of Classes Attended by the Student _____

Signature of Course Instructor: _____ **Date:** _____

Please submit the completed application form to Room No. FUB-1002. The application will be forwarded to the Chairperson for approval after verification.

Recommended ☐ **Not Recommended** ☐

Signature of Chairperson: _____ **Date:** _____