



EASTERN MEDITERRANEAN UNIVERSITY

Graduation Make-up Exam Result

Student No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IMPORTANT NOTE: • Forms without approvals will not be taken into consideration by the Registrar's Office, and will be returned to the Instructor's Department.
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Student's Name & Surname	
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Student's Department	
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Instructor's Department	
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Course Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Group No	<input type="text"/> <input type="text"/>	Reference Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Course Title	
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Old Grade <i>Put a cross mark "X"</i>															
	A	A -	B +	B	B -	C +	C	C -	D +	D	D -	F	S	U	
Make-up Exam Grade <i>Put a cross mark "X"</i>															

Academic Year	Semester / Session
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

Justification: I, the undersigned instructor, gave the Graduation Make – up Exam stated on this form to this student on, in accordance with the conditions set in the article of the University by - laws.

APPROVALS

1	Instructor Title and Name		Signature		Date	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Month	Year			
Day	Month	Year										
2	Department Chair Title and Name		Signature		Date							
3	Dean / Director Title and Name		Signature		Date							
4	Registrar Title and Name		Signature		Date							

One approved copy of this form should be sent to:

- the Dean's/Director's Office
- the Student's Department
- the Instructor's Department (if different)

by the Registrar's Office.