Dean's Copy

UP OPEN UNIVERSITY

APPLICATION FOR MAKE-UP EXAMINATION

Name:	Program:
Major (if applicable):	Semester/ School Year:
Faculty: O Faculty of Education O Faculty of Information and Communication Studies O Faculty of Management and Development Studies	
I would like to request for Make-Up Exam: COURSE EXAMINATION # _____ _____ Student's Signature Received by	
Note to Student Applications are still subject for approval of the Faculty-In-Charge. Contact your Office of the Faculty Secretary regarding action taken on the request.	
Date Received by Dean's Office:	

ACTION TAKEN: O APPROVED O DISAPPROVED

_____
Dean/Faculty-In-Charge

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