



## MAKE-UP EXAMINATION FORM

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| <b>Student Name</b>  |  |
| <b>Student Number</b>  |  |
| <b>Programme of Study</b>                                    |  |
| <b>Examination Missed</b>                                    | <b>Course Code:</b><br><b>Course Title:</b>  |
| <b>Date of Absence</b>                                       |  |
| <b>Semester</b> <i>(please tick where appropriate)</i>       | <input type="radio"/> FALL 20..... <input type="radio"/> SPRING 20..... <input type="radio"/> SUMMER 20..... |
| <b>Faculty Member Name</b>                                   |  |
| <b>Reason for Absence</b><br><i>(please attach evidence)</i> |  |

### UNIVERSITY OF NICOSIA Office Use Only

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|--|--|
| <b>APPROVED BY THE HEAD OF DEPARTMENT OF THE COURSE</b>  |  |
| Head of Department Signature ..... Date .....  | YES <input type="radio"/> NO <input type="radio"/> |
| If <u>not</u> approved state the reason: .....   |  |
| <b>APPROVED BY THE DEAN OF SCHOOL OF THE COURSE</b>  |  |
| Dean of School Signature ..... Date .....  | YES <input type="radio"/> NO <input type="radio"/> |
| If <u>not</u> approved state the reason: .....   |  |
| <b>APPROVED BY THE FACULTY MEMBER (EXAMINER)</b>   |  |
| Faculty Member Signature ..... Date .....  | YES <input type="radio"/> NO <input type="radio"/> |
| If <u>not</u> approved state the reason: .....   |  |
| I declare that this exam is different from any other exam I (may) have administered the same day/time <input type="checkbox"/> |  |
| <b>EXAMINATION FEE PAID AT THE DEPARTMENT OF FINANCE</b>   |  |
| Department of Finance Signature .....  | YES <input type="radio"/> NO <input type="radio"/> |
| Receipt Number ..... Date .....  |  |