

Examination Petition Form

Subject	Examination Petition	
То	The Academic Committee	Received Date
Name (Mr./N	//rs./Ms.)	Surname
Student ID. No. Year		Major
Faculty Advisor		or
Address		
		Tel.
I would like	to attend \square Midterm \square Final	
Subject CodeName of Subject		Exam.(D/M/Y) Instructor
Reason		
	Student Signature	Date/
Instructor Approval		Advisor's Approval
No. of atten	ded class	
	Approve Disapprove	☐ Approve ☐ Disapprove
Because		Because
Sign	Instructor	SignInstructor
Academic C	Committee's Result	oprove Other
Reason		
	Appre	oved by
	Appro	,vea by

(President of Acacemic Comittee)

No. _____