

MAKE-UP EXAM/TEST FORM AA/08/9.03

STUDENT NAME		
STUDENT NUMBER		
PROGRAM OF STUDY		
TEST/EXAM MISSED		
DATE OF ABSENCE		
SEMESTER <i>(please tick where appropriate)</i>	<input type="radio"/> FALL 200....	<input type="radio"/> SPRING 200....
	<input type="radio"/> SUMMER 200....	
FACULTY MEMBER NAME		
REASON FOR ABSENCE <i>(Please Attach Evidence)</i>		
FOR INTERNAL USE		
APPROVED BY THE FACULTY MEMBER (EXAMINER)		YES <input type="radio"/> NO <input type="radio"/>
Faculty Member Signature Date		
If <u>not</u> approved state the reason:		
.....		
.....		
APPROVED BY THE HEAD OF DEPARTMENT		YES <input type="radio"/> NO <input type="radio"/>
Head of Department Signature Date		
If <u>not</u> approved state the reason:		
.....		
.....		
EXAMINATION FEE PAID AT THE DEPARTMENT OF FINANCE		YES <input type="radio"/> NO <input type="radio"/>
Department of Finance Signature		
Receipt Number Date		