



# UP OPEN UNIVERSITY

## APPLICATION FOR MAKE-UP EXAMINATION

<b>Name:</b>	<b>Program/Major:</b>
<b>Learning Center:</b>	<b>Semester/ School Year:</b>
<b>Faculty:</b> <input type="checkbox"/> Faculty of Education <input type="checkbox"/> Faculty of Information and Communication Studies <input type="checkbox"/> Faculty of Management and Development Studies	
I would like to request for Make-Up Exam:  <div style="text-align: center;">           COURSE _____ EXAMINATION # _____         </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           _____            Student's Signature         </div> <div style="width: 45%;">           _____            Received by         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           _____            Date Submitted         </div> <div style="width: 45%;">           _____            Date Received         </div> </div>	
<b>Note to Student:</b> Applications are still subject for approval of the Faculty-In-Charge. Contact your Learning Cnter Coordinator regarding action taken on the request. <b>Note to the Learning Center Coordinator:</b> Please forward application on or before cut-off date.	
<b>Date Received by Dean's Office:</b>	

**ACTION TAKEN:**

APPROVED

DISAPPROVED

\_\_\_\_\_  
**Dean/Faculty-In-Charge**



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