



# UP OPEN UNIVERSITY

## APPLICATION FOR MAKE-UP EXAMINATION

Name:	Program:
Major (if applicable):	Semester/ School Year:
Faculty: <input type="radio"/> Faculty of Education <input type="radio"/> Faculty of Information and Communication Studies <input type="radio"/> Faculty of Management and Development Studies	
I would like to request for Make-Up Exam:	
COURSE	EXAMINATION #
_____	_____
Student's Signature	Received by
<u>Note to Student</u> 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:  APPROVED  DISAPPROVED

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



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