



### MAKE-UP EXAMINATION APPROVAL REQUEST

#### PART I: FOR STUDENT USE

Student Name: ..... BN: .....  
 Student ID No: ..... Year level: .....  
 Course Code and Name: ..... Course Coordinator Name: .....

**Details of Examination Missed:**

	Examination Missed	Date	Time
1			

Student's Justification of Absence: .....

.....

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.....

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.....

Provide Supporting Documents as per COD, policy (please specify): .....

\_\_\_\_\_ Student \_\_\_\_\_ Date \_\_\_\_\_  
 (Name & Signature)

#### PART II: STUDENTS AFFAIRS USE

Average Student's Absenteeism Percentage in the related Course: ( ..... )%

Average Student's Absenteeism Percentage in all Courses: ( ..... )%

**Student's Manner & Attitude:**

- Poor
- Good
- Excellent

Comment (if needed): .....

.....

\_\_\_\_\_ Students Affairs Coordinator/Manager \_\_\_\_\_ Date \_\_\_\_\_  
 (Name & Signature)

#### PART III: ASSOCIATE DEAN APPROVAL

- Approved
- Disapproved,
- Referred to Student's Progression Committee

Comment (if needed): .....

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\_\_\_\_\_ Associate Dean, Academic & students Affairs \_\_\_\_\_ Date \_\_\_\_\_  
 (Name & Signature)