



## Higher College of Technology

PO Box 74, Al-Khuwair, Postal Code 133

Sultanate of Oman

Phone No: 24473600

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### APPLICATION FOR FINAL EXAMINATION MAKE-UP/RE-SIT

Article 71 of the College Bylaws states that If the student fails to attend the final examination of any course for a reason accepted by the College Council, that course will be considered as incomplete upon his/her notifying the Dean, within one week from the date of the examination he/she failed to attend. In that case, the student will be allowed to sit for a complementary examination within no more than four weeks from the beginning of the next semester. The grade obtained by the student in the complementary examination will replace the term incomplete; otherwise, he/she will be given a zero. If the student also fails to attend the complementary examination for an acceptable reason, he/she will repeat the required course or any substitute course recommended by the concerned Head of Center or Department.

مادة (71) من اللائحة التنظيمية للكلية: إذا تغيب الطالب عن الامتحان النهائي في أي مقرر بعذر يقبله مجلس الكلية، يعتبر هذا المقرر (غير مكتمل) متى قام بإخطار عميد الكلية بذلك خلال أسبوع من تاريخ الامتحان الذي غاب عنه. وفي هذه الحالة يسمح للطالب بأداء امتحان تكميلي في موعد أقصاه أربعة أسابيع من بداية الفصل التالي، و تستبدل بعبارة (غير مكتمل) الدرجة التي يحصل عليها الطالب في الامتحان التكميلي، و إلا فيعطى الطالب صفراً. (إذا تغيب الطالب عن الامتحان التكميلي بعذر مقبول يعيد المقرر المطلوب أو مقرر آخر بديل حسب توصيات رئيس القسم أو المركز المعني)

Student ID \_\_\_\_\_ Student Name \_\_\_\_\_

Department: \_\_\_\_\_ Level: \_\_\_\_\_ Specialization: \_\_\_\_\_

Semester: \_\_\_\_\_ Academic Year: \_\_\_\_\_ Section: \_\_\_\_\_

Course Code: \_\_\_\_\_ Course Title: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Lecturer Name: \_\_\_\_\_

Reason/s for not taking the Final Exam: (Use additional sheets if necessary and attach supporting documents, if any)

Contact Details: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE

#### Department Concerned

HoD Recommendation (attach additional sheets if necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office of the Dean

Request Approved:  Yes  No

Remarks: \_\_\_\_\_

Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Department Concerned

Date of Make-Up Exam: \_\_\_\_\_ Time of Exam: \_\_\_\_\_ Location: \_\_\_\_\_

Remarks: \_\_\_\_\_