



APPLICATION FOR FINAL EXAMINATION MAKE-UP /APPEAL

Pharmacy Department

If the student fails to attend the final examination of any course for a reason accepted by the Department, that course will be considered as incomplete upon his/her notifying the Department, **within one (1) 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 Head of Department. Make-up examinations will be conducted within two (2) weeks from the semester start date for regular semester. In the case of summer semester, the make-up examinations will be conducted within the first week from the semester start date.

Student ID: _____ Date (dd-mm-yyyy): _____

Student Name: _____ Sem/AY _____

Phone No.: _____ Level: _____

Department/Section: _____ Specialization: _____

Course Code: _____ Course Title: _____

Lecturer Name: _____ Date of Exam: _____

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

Notes: 1. Students who miss the make-up exam will be required to repeat the course concerned (CAB Decision # 2/9/2016-2017).

2. Students are responsible to check the college website and their email for any announcements related to the make-up exam (Approved / Disapproved / Schedule of Exam)

Student Signature: _____ Date: _____

FOR OFFICIAL USE

Department Concerned

HoD Recommendation (attach additional sheets if necessary)

Signature: _____ Date: _____

Request Approved: Yes No

Remarks:

Appeals Committee Chairperson: _____ Signature: _____ Date: _____