

APPLICATION FOR MID-SEMESTER EXAMINATION MAKE-UP/APPEAL

Pharmacy Department

If the student fails to attend the mid-semester of any course for a reason accepted by the Department, he/she should notify 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 before the final examination of the current academic semester start. If the student also fails to attend the complementary examination for any reason, he/she will be given a zero for mid-semester examination. The same above applies if the students wants to appeal against a valid technical problem experienced during online mid-semester examination.

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 Mid-semester exam: (Use additional sheets if necessary and attach supporting documents, if any)

Notes: 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: _____