

Application for Makeup Exam

Name				ID			Filled by Student
Faculty			Exam				
Subject			Section				
Teacher			Semester				
Reason							
		Student's Signature		Date			

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Faculty			Exam				
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Course Teacher's Recommendation	<input type="checkbox"/> Recommended (without fine)	If Recommended, Teacher's Signature		Set	Filled by Teacher
	<input type="checkbox"/> Recommended (with fine)			<input type="checkbox"/> B	
	<input type="checkbox"/> Not Recommended			<input type="checkbox"/> C	
Date					