



Eastern Mediterranean University

Faculty of Pharmacy

MAKE-UP EXAM APPLICATION FORM

Student No:	
Name, Surname:	

Course/Courses you want to apply for the make-up exam:

Course Code	Course Name

Date of submission of the health report:

Date (DD/MM/YYYY)	Signature

THIS PART OF THE FORM WILL BE FILLED BY THE SECRETARY'S OFFICE

Health Report and Application Form is received by:

Name-Surname:

Signature:

Date: