



Reexamination/Make-up examination due to sickness

The undersigned hereby wishes/wish to apply for reexamination in : _____

As per agreement with the course lecturer, to be held, (date): _____

➔ **Students are personally responsible for arranging with the course lecturer when the reexamination is to take place and notify the faculty/department administration.**

Student No.:

Name:

Student No.:	Name: