

**ADDIS ABABA UNIVERSITY
INSTITUTE OF TECHNOLOGY**

MAKE-UP EXAMINATION APPLICATION FORM

NOTE TO APPLICATION: Complete this form for the subject for which you request make-up exam and return it to your department.

Name: _____ ID No: _____ Year: _____

Subject for which you did not take final exam

Course No	Course Title	Cr. Hr.	Name of Instructor

***Attach all supporting document(s) for the reason(s)**

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Recommendation for course instructor:

Has this student fulfilled attendance (75%) and other course requirements excepting final exam (please tick **Yes** or **NO** in the boxes below

YES	NO	Name	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Additional Comment

N.B please returns this form along with all documents to the department

