



(TO BE FILLED-OUT BY THE STUDENT ELECTRONICALLY)

DEPARTMENT			
LEVEL			
STUDENT I.D.		CONTACT NO.	
NAME		SEMESTER	
SPECIALIZATION		YEAR	

To: Head of Admission & Registration Department:

Dear Sir/Mam,

I was unable to attend the scheduled exam because of:

a. **Medical Reason** (sick leave attached): _____

b. **Other Reasons** (evidences attached if any): _____

SN	COURSE CODE	COURSE NAME	SECTION	DATE OF EXAM	LECTURER NAME	DATE RECEIVED BY LECTURER (to be filled-up by the Lecturer)	LECTURER COMMENTS (to be filled-up by the Lecturer)

ADVISER NAME: _____

(STUDENTS SHOULD NOT FILL-OUT THIS PART)



جامعة التقنية والعلوم التطبيقية

University of Technology and Applied Sciences - Salah

التقدم بثقة
Moving Forward
with Confidence



FOR ADVISER	DATE RECEIVED:	
	ADVISER COMMENTS:	
	NUMBER OF PAST RESIT EXAMS TAKEN BY STUDENT:	
	RECOMMENDATION BY ADVISER:	

FOR DEPARTMENT COUNCIL	DATE RECEIVED:	
	COMMENTS BY COUNCIL:	
	DECISION TAKEN (APPROVED OR REJECTED):	