



# Adventist University of Central Africa

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## REQUEST FOR MAKE-UP EXAM

Student Name: ..... ID No. ....

Faculty: ..... Department: .....

Date: ..... Academic Year: .....

I am applying for make-up exam(s) for the courses listed below whose exams were done during:

[ ] Mid-Semester [ ] Finals. Semester #: ..... Academic Year .....

The reason for absence in the normal period of exam was .....

.....

..... (\*\* Please attach the documents for justification)

#	Course Code	Course Name	Instructor's Signature	No. of Credits	Cost of Exam (25% of normal cost)
1					
2					
3					
4					
5					
6					
7					

Student's Signature and Date: .....

HOD/Dean Signature and Date: .....

Director Student Services Signature and Date: .....

Accountant's Signature and Date: .....

Exam Officer's Signature and Date:.....

Registrar's Signature and Date: .....