



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 (50% of normal cost)
1					
2					
3					
4					
5					
6					
7					

Student's Signature and Date:

HOD/Dean Signature and Date:

Director of Student Services Signature and Date:

Accountant's Signature and Date:

Exam Officer's Signature and Date:

Registrar's Signature and Date: