

## Makeup Exam(s) Form (نموذج إعادة اختبارات فصلية)

Student Name (اسم الطالب):		Level (المستوى):		
ID# (الرقم الجامعي):		Major (التخصص):		
To be filled out by the student (خاص بالطالب)				
Code (رمز المقرر)	Course Name (اسم المقرر)	Section (رقم الشعبة)	Lecturer (اسم المدرس)	Date of Exam (تاريخ الاختبار)
Reasons for make up exams (attach evidence such as medical report, burial certificate, accident report, etc.):				
Student's Signature (توقيع الطالب):			Date (التاريخ): DD/MM/YYYY	
To be filled by the Academic Advisor (خاص بالمرشد الأكاديمي)				
	Name (اسم المرشد)	Date (التاريخ)	Signature (التوقيع)	
Academic Advisor (المرشد الأكاديمي)		DD/MM/YYYY		
Advisor's Recommendation:				
To be filled by Faculty of Computer & Information Systems (خاص بإعتماد كلية الحاسب الآلي ونظم المعلومات)				
Accepted (مقبول):	<input type="checkbox"/>	Refused (مرفوض)	<input type="checkbox"/>	
Reason(s) for Refusal, if any:				
Date: DD/MM/YYYY				

\*\*\* Evidences for make up exams should be submitted within the week of the test day at the latest. Examples of acceptable evidences:

- Medical report from the government hospital or from the Islamic University medical centre.
- In the case of the death of a close relative: the burial certificate
- Accident report from the police station.
- Other governmental reports might be acceptable.