**Date:**

**Erasmus English Language Exam Make Up Request**

* If you have another exam coinciding with the Erasmus English Languge Exam (exact date and time) please fill out the form below:

|  |  |
| --- | --- |
| **Name of the course** |  |
| **Date** |  |
| **Time** |  |

* If you have any other reason other than a coinciding examination, (health issues etc.) please clearly state your reason:

|  |
| --- |
|  |

**NOTES:**

* If you miss the Erasmus Language Examination due to health reasons, you are required to attach your medical report to this form.
* Please kindly be aware of the fact that **only legitimate excuses** will be considered for a make up examination.

Name: …………………………………. Student ID #: ………………………..

Last Name: ……………………………… Signature: ……………………………….

***Please fill out the form and bring it to the International Office before December 12th, Friday – 16.00 p.m.***