

August Make-up Exam Request

Submission Date (YYYY/MM/DD): _____

Name	
Student ID No.	
Year/Stream	Year: 1 / 2 Stream: HS III / NS II
Phone No.	
Total Number of courses to apply	_____ course(s)
Semester	Year: 20____ Semester/Term: S Semester • S1 Term • S2 Term A Semester • A1 Term • A2 Term

	Course Title <small>(Please use the margin for the fifth course and more.)</small>	Instructor's Name	Instructor's Signature <small>(Only needed for "Foreign Languages (other special reasons)")</small>
①			
②			
③			
④			
⑤			

【Reason】 (You can attach separate/typed sheet if necessary.)