**ALTINBAS UNIVERSITY**

TO SCHOOL OF FOREIGN LANGUAGE DIRECTORATE

I’m a student of your school with student number \_\_\_\_\_\_\_\_\_\_\_\_\_ in level \_\_\_\_\_\_\_\_\_\_ class ENG100. I could not take the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_exam because of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_ / \_\_ / \_\_\_. The relevant document is attached.

I would like to take make-up exam.

NAME: DATE:

SURNAME:

SIGNATURE:

PHONE:

STUDENT E-MAIL: