**NEAR EAST UNIVERSITY**

**Pharmacy of Faculty**

**MIDTERM MAKEUP PETITION FORM**

**STUDENT’S PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Student’s Name, Last Name: |  |
| Student’s Number: |  |
| GSM No, E-mail: |  |
| Date: |  |
| Explanation of excuse:  |  |

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| --- | --- | --- |
| **COURSE CODE** | **COURSE NAME** | **Course Instructor** |
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**\* This form must be submitted to your advisor latest by December 10, 2020.**

**\*\* Attach your excuse document (e.g., medical report) to this form and send both to your advisor.**

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| **Student’s Name/ Last Name** | **Student’s Advisor** |
| ...................................................................... | ...................................................................... |
| ......................................................................Signature:  | ......................................................................Signature:  |