

Date: __/__/__

In honor of
The MA committee
School of Business Administration

Request for An Exceptional Exam

Personal Details:

Last Name: _____ First Name: _____ I.D. Number: _____

MBA Program Name: _____ Class Name: _____

Mobile Phone Number: _____ E-mail: _____

Course Details:

Course Name: _____ Course Number: _____

Lecturer Name: _____

Exam "A" Date: __/__/__ I attended the exam/ didn't attend the exam Exam's grade: _____
Final grade: _____

Exam "B" Date: __/__/__ I attended the exam/ didn't attend the exam Exam's grade: _____
Final grade: _____

The reason for applying for an exceptional exam:

1. Reserve service: From: __/__/__ To: __/__/__ (please attach documentation).
2. Maternity leave / spouse gave birth on the day of the exam (please attach a certificate from the Ministry of Interior Affairs).
3. Prolonged illness of at least 7 days in a row, or hospitalization for at least two days in a row (please attach a certificate. No retroactive documents will be accepted).

4. Death of a first-degree relative (please attach a certificate from the Ministry of Interior Affairs).

5. Other reason: Please specify the reason and attach appropriate documents.

Please note: An application that is not filled out properly and in legible handwriting, or does not include all the necessary details or the appropriate relevant documents, will not be brought to discussion!!!

Student's commitment: A student who got an approval for an exceptional exam and in the end does not intend to/ cannot attend the exam, undertakes to inform the MBA program coordinator/ school's secretariat five days in advance.

Student's signature: _____

The decision of school's MA committee:

Request Approved / Not Approved Date: __/__/__

Full name: _____ Signature: _____