



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).

