

NATIONAL YANG MING CHIAO TUNG UNIVERSITY

INSTITUTE OF LAW TECHNOLOGY

Make-Up Exam Rescheduled Exam Application Form

Application Date: _____

Course Name		Initial Date of Exam	
Student Name		Telephone	
Service Unit		Title	
Rescheduled Exam Date (to be completed by The Institute)			
Exam Venue (to be completed by The Institute)			
Reasons (please attach proof):			

Major Professor: Approves of Make-Up Exam (or Rescheduled Exam)

Does not approve of Make-Up Exam (or Rescheduled Exam)

Signature : _____

Processed by : _____