CENTRAL PHILIPPINE UNIVERSITY  
Iloilo City  Philippines  
Office of the Vice President for Academic Affairs  

REQUEST FOR SPECIAL EXAMINATION  

Date: _________________ (mm/dd/yy)  

Name of Student: ___________________________  
Course & Year: ___________________________  
Subject: ___________________________  

Exam Missed: 
[ ] Prelim  [ ] Written Exam  [ ] Laboratory  
[ ] Mid Term  [ ] Oral/Practical  [ ] Others:__________  
[ ] Final  

Reason(s) for Missing the exam: ________________________________  
________________________________________________________________________________  
________________________________________________________________________________

Subject Teacher’s findings/recommendations:  
[ ] Student’s absence is excused, hence s/he will be given the exam but will not be charged the exam fee.  
[ ] Student’s absence is unexcused, hence s/he should pay a special exam fee of Php 100.00.  
The special exam is scheduled on ___________________________.  

Signature of the Student over printed name  

Signature of the Subject Teacher over printed name  

Recommending Approval:  
Approved/Disapproved:  

Student’s Department Head over printed name  
Student’s College Dean over printed name  

Subject’s Department Head over printed name  
Subject’s College Dean over printed name  

REMINDER  
Accomplish this form in triplicate copy per exam missed, with supporting documents as the case may be  
1. excuse letter from parent or guardian duly noted by your Department Chair and Dean  
2. medical certificate, if absence is due to sickness  
3. certification letter from your Department Chair, if absence is due to conflict of schedule  
4. excuse letter from the concerned University Official if absence is due to the performance/participation in the official on or off campus activities.