



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: _____ Contact No. _____
 Course & Year: _____ College/Department: _____
 Subject: _____ Term Taken: 1st 2nd Semester Summer, SY _____

Name of Subject Teacher: _____

Exam Missed:

Major Exam	Type of Exam
<input type="checkbox"/> Prelim	<input type="checkbox"/> Written Exam <input type="checkbox"/> Laboratory
<input type="checkbox"/> Mid Term	<input type="checkbox"/> Oral/Practical <input type="checkbox"/> Others: _____
<input type="checkbox"/> Final	

Reason(s) for Missing the exam: _____

 Signature of the Student over printed name

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 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

- excuse letter from parent or guardian duly noted by your Department Chair and Dean
- medical certificate, if absence is due to sickness
- certification letter from your Department Chair, if absence is due to conflict of schedule
- excuse letter from the concerned University Official if absence is due to the performance/participation in the official on or off campus activities.



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