



INTERNATIONAL UNIVERSITY OF SARAJEVO  
INTERNACIONALNI UNIVERZITET U SARAJEVU

### MAKE-UP EXAM REQUEST

Please complete and SIGN THIS REQUEST. Return the application to Student Affairs Office.

**STUDENT INFORMATION**

<b>Name and Surname</b>	<b>Student ID#</b>

<b>Faculty</b>	<b>Study Program</b>

**COURSE INFORMATION**

<b>Course Name</b>	<b>Course Code</b>	<b>Current Grade</b>

**I am aware that this application cannot be cancelled and that, in case of passing grade for this course, it will be annulled.**

*I declare that all information given hereby and in the attachments is accurate to the best of my knowledge.*

<b>Signature</b>		<b>Date</b>	
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**For STUDENT AFFAIRS OFFICE**

<b>Signature</b>		<b>Date</b>	
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