**TO THE HEAD OF THE DEPARTMENT OF ………………………….**

I could not sit the midterm/resit exam of the course at your department whose information I have provided below due to my excuse. I respectfully request your necessary action that I be given the right to sit a makeup exam.

…./…/20..

(Sign)

Full Name

|  |  |
| --- | --- |
| **Student No.** |  |
| **Course Code and Title** |  |
| **Course Instructor** |  |
| **Original Exam Date** |  |
| **Student’s Excuse** |  |
| **Report/Document Date** |  |
| **Institution/Organization That Provided the Report/Document** |  |
| **Period of Time the Report/Document Is Valid For**  |  |

**Enclosed:** Report/Document for Excuse