

MEDICAL LABORATORY SCIENCE

CMLS FORM 101: REQUEST FOR SPECIAL EXAMINATION Date: For: Dean ATTENTION: DEPARTMENT CHAIR/PROGRAM DIRECTOR From: Name of Student Course/Year/Section SUBJECT: REQUEST FOR SPECIAL EXAMINATION May I request for a special (examination for the following subject/s? () **PRELIM** MIDTERM **FINAL** I failed to take the regular examination due to: (state the reason/s). Signature over Printed Name of Subject/s **Special Exam Fees** the Instructor/Professor Concerned TOTAL AMOUNT PAID: _ OR NO.: **ACTION TAKEN:** () APPROVED () DISAPPROVED Dean

NOTE: Kindly attach supporting documents based on the reasons stated above.

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