



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 () PRELIM () MIDTERM () FINAL examination for the following subject/s?

I failed to take the regular examination due to:

(state the reason/s).

Subject/s	Signature over Printed Name of the Instructor/Professor Concerned	Special Exam Fees

TOTAL AMOUNT PAID: _____ OR NO.: _____

ACTION TAKEN:

() APPROVED

() DISAPPROVED

Dean

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

