



OVCA FORM 1	14: REQUEST FOR SPEC	CIAL EXAMINATIO	DN		
Date:					
For:	Dean				
ATTENTION:	DEPARTMENT CHAIR/PROGRAM DIRECTOR				
From:	Name of Studer	nt	Course/Year/Section		
SUBJECT:	REQUEST FOR SPECIAL EXAMINATION				
May I request fo	r a special () PRELIM	() MIDTERM	() examinati FINAL	on for the following subject/s?	
I failed to take th	e regular examination due	e to:			
			(state the reason/s	3).	
Subject/s		Signature over Printed Name of the Instructor/Professor Concerned		Special Exam Fees	
TOTAL AMOUN	IT PAID:	OR N	IO.:		
	Α	CTION TAKEN:			
() APPROVED			() DISAPPRO	VED	
		Dean			
NOTE: Kindly attach	n supporting documents based o	on the reasons stated a	above.		

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