



OVCA FORM 114: 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 |
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TOTAL AMOUNT PAID: _____ OR NO.: _____

ACTION TAKEN:

() APPROVED

() DISAPPROVED

Dean

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