**ISTANBUL AREL UNIVERSİTY**

**TO SCHOOL OF FOREIGN LANGUAGE DIRECTORATE**

I’m a student of your school with \_\_\_\_\_\_\_\_\_\_\_\_\_\_student number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in level/ class. I could not take the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_exam because of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_ / \_\_ / \_\_\_. The relevant document is attached.

I would like to take make-up exam.

 Date

 \_\_ / \_\_ / \_\_

NAME:

SURNAME:

SIGNATURE:

PHONE:

E-MAIL: