GAU
THE AMERICAN UNIVERSITY
GIRNE CYPRUS

FACULTY OF PHARMACY
2020-2021 FALL SEMESTER
MAKE UP EXAMINATION FORM

Student Name: ……

Student No: ……

Department: ……

Student's phone number: …… **GAU Mail address:** ……..

Advisor's Name: ……

Date: ……..

Your requests:

Make up exam course requests

	Course Code- Couse Name	Semester	Instructor's Name
1		2020-2021 Fall Semester	
2			
3			
4			
5			
6			
7			