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ကျောင်းလိပ်စာ၊ အိမ်အမှတ် (၇၃၉-၇၄၁)၊ ပုဂံလမ်း (၃)၊ ရပ်ကွက် (၁၂၃)၊ အရှေ့ဒဂုံမြို့နယ် ၁၁၄၅၁၊ ရန်ကုန်။

Makeup Examination Request Form

Name	
Student ID No.	
Student Mobile Phone No.	
Student's Email Address	
Reason Makeup Exam is Needed	Illness () Athletics () Debate () Personal Emergencies () Other ()
Reason Explained	
Course or Subject Name	
Instructor's Name	
Allotted amount of time for exam	60 minutes () 120 minutes () Other amount of minutes ()
Date requested for makeup exam	Date/Month/Year (/ /)
Requests must be submitted 24 hours in advance. Requests must fall between Monday-Friday.	Date/Month/Year (/ /)
Time requested to take makeup exam* (Eg. 9 am or 10 am or 1 pm or 2 pm)	
Makeup exams can be proctored Monday-Friday at the following start times	