

FORM "1"
FACULTY OF HEALTH SCIENCES
"Request for Make-up of Incomplete Work"

To: Student Services Office

From: _____

Student's Name: _____

Student's Box Number _____

Student's I.D. Number _____ Class _____

The above student has my permission to delay the completion of the work required in (Department) _____ (Course Number) _____ which the student registered for during the _____ semester of the academic year _____.

Reason(s) for the incomplete work is/are as follows:*

Approval of your Office is hereby requested to allow the student to complete the missed part of the course within four weeks after the beginning of the next regular semester.

Thank you.

Date _____

Signature of Instructor

* Attach available documents.

(The space below is reserved for response by Office of the Dean)

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To: _____

Date: _____

From: Student Services Office

The above request is: Approved _____ Declined _____

Authorized Signature
Chairperson of the Committee

UGCA-SAC

Graduate Studies

cc: Student Services Office
Chairman of Department
Student

April 2002