



(FORM 1)

**MIDDLE EAST TECHNICAL UNIVERSITY NORTHERN CYPRUS CAMPUS  
APPLICATION FORM FOR THE ADDITIONAL EXAM RIGHT AT THE END OF THE  
MAXIMUM EDUCATIONAL PERIOD**

**STUDENT AFFAIRS**

I am a student of ..... Program with the Student ID: ..... I have completed my maximum period as of the end of the ..... semester of the ..... Academic Year. I would like to take advantage of the additional exam right per the implementation procedures and principles established by the Senate of the Middle East Technical University under Article 44 (c) of Law No. 2547 for the course/courses I have specified below.

I accept that I am responsible for the accuracy of the information I have declared in this form and that my application will be considered invalid if any deficiencies or inaccuracies are found in the information I have written.

Date:

Signature:

**STUDENT INFORMATION**

Name Surname :

Student ID :

Program :

Phone :

**The Exam That Is Intended to Be Used**

1. Additional Exam

2. Additional Exam

**THE COURSE(S) THAT YOU WANT TO TAKE**

| No | Course Code | Course Name | A Course That Has Been Taken Before and Failed (Yes/No) | A Course That Has Never Been Taken (Yes/No) | Applied* Course (Yes/No) | Applied Part of the Course (Pass/Fail) |
|----|-------------|-------------|---|---|--------------------------|--|
| 1  |             |             |   |   |                          |  |
| 2  |             |             |   |   |                          |  |
| 3  |             |             |   |   |                          |  |
| 4  |             |             |   |   |                          |  |
| 5  |             |             |   |   |                          |  |
| 6  |             |             |   |   |                          |  |
| 7  |             |             |   |   |                          |  |
| 8  |             |             |   |   |                          |  |
| 9  |             |             |   |   |                          |  |
| 10 |             |             |   |   |                          |  |
| 11 |             |             |   |   |                          |  |
| 12 |             |             |   |   |                          |  |
| 13 |             |             |   |   |                          |  |
| 14 |             |             |   |   |                          |  |
| 15 |             |             |   |   |                          |  |
| 16 |             |             |   |   |                          |  |
| 17 |             |             |   |   |                          |  |
| 18 |             |             |   |   |                          |  |

Academic Advisor

Name Surname :

Title :

Date : ..../..../2022

Conclusion Approved

Not Approved

Signature :

Program Coordinator

Name Surname :

Title :

Date : ..../..../2022

Conclusion Approved

Not Approved

Signature :

\* The course with laboratory, project, internship, graduate project etc.

Additional exam rights are granted to the student only after approval of the academic advisor and the program coordinator.  
This form should be submitted to the Student Affairs after getting all of the approvals.