Administration of the Supplementary Exam

Application Form

Tel Aviv University
The Lester and Sally Entin Faculty of Humanities

Name: ____________________________

Department: __________

Degree: __________________________

Program: _________________________

Date: ____________________________

Department Chair: ____________________________

Signature: ____________________________

Officer in Charge: ____________________________

Date: ____________________________

Supplementary Exam Application

Application for a supplementary exam - Type your name: ____________________________

Matriculation number:

Department and program (must be filled)

In order to be admitted to the supplementary exam, you must meet the following requirements:

☐ The student must have attended all lectures and tutorials of the course.

☐ The student must have achieved a passing grade in the course.

☐ The student must have achieved a grade of at least 50 in the exam.

☐ The student must have submitted a request for a supplementary exam before the deadline.

You must submit your request for a supplementary exam before the deadline.

Signature: ____________________________

Date: ____________________________

Registrar: ____________________________

Date: ____________________________

The administration of the supplementary exam is subject to the approval of the department chair.

The student must submit his/her application for a supplementary exam before the deadline.

Signature: ____________________________

Date: ____________________________

Registrar: ____________________________

Date: ____________________________

The administration of the supplementary exam is subject to the approval of the department chair.