

Fill this form with a PEN and return it to the office

REGISTRATION FOR RETAKE EXAM

NAME		GROUP
PHONE NUMBER	E-MAIL ADDRESS	

LAST DAY OF REGISTRATION	RETAKE EXAM DAYS	MARK YOUR CHOICE
Fri 11.08.2017	Fri 18.08. and Fri 25.08.	
Fri 13.10.2017	Fri 27.10. and Fri 03.11.	
Tue 12.12.2017	Fri 15.12. and Fri 12.01.	
Tue 20.02.2018	Fri 23.02. and Fri 09.03.	
Mon 23.04.2018	Fri 27.04. and Fri 04.05.	
Mon 13.08.2018	Fri 17.08. and Fri 24.08.	

Reason for retake: Exam not done, date of the exam _____, reason _____
 Failed exam, date _____
 Independent work
 Other _____

1st SUBJECT	COURSE	PERIOD	TEACHER
THE TEACHER FILLS: DATE OF REGISTERING THE GRADE AND TEACHER'S SIGNATURE			GRADE

Reason for retake: Exam not done, date of the exam _____, reason _____
 Failed exam, date _____
 Independent work
 Other _____

2nd SUBJECT	COURSE	PERIOD	TEACHER
THE TEACHER FILLS: DATE OF REGISTERING THE GRADE AND TEACHER'S SIGNATURE			GRADE

Tampere _____ / _____

STUDENT'S SIGNATURE

RETURN THE REGISTRATION TO THE OFFICE MAILBOX!