

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
Mon 13.08.2018	Fri 17.08. ja Fri 24.08.	
Fri 12.10.2018	Fri 26.10. ja Fri 02.11.	
Mon 17.12.2018	Fri 11.01. ja Fri 18.01.	
Mon 18.02.2019	Fri 22.02. ja Fri 08.03.	
Tue 23.04.2019	Fri 26.04. ja Fri 03.05.	
Mon 12.08.2019	Fri 16.08. ja Fri 23.08.	

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!**