**GRADE IMPROVEMENT EXAM APPLICATION FORM**

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**TO THE DEAN / VOC. SCHOOL DIRECTORATE OF ………………………… FACULTY**

I am a student of your faculty’s/ vocational school’s……………………………………… department. To be able to graduate at the ………………… semester of ………………. Academic Year, I would like to use my right to take the grade improvement exam for the course whose name and code is mentioned below.

I kindly request your information.

**Name Surname :**

**Student Number :**

**Department Name :**

**Email :**

**Phone Number :**

**Signature:**

***Grade Improvement Exam Regulation Article: ARTICLE 26 - (1) h)*** *Students who have been successful in all courses but cannot achieve the minimum GPA of 2.00 required for graduation, are granted the right for examination from one course at most that is selected with the decision of the relevant unit board of directors, to increase their GPA to at least 2.00 or above. The examination is held at the end of the fall and spring semester as well as the end summer school period. The grade obtained in the grade improvement exam is recorded on the transcript as the final grade of the course. Students who cannot achieve a GPA of 2.00 despite getting a successful grade in the grade improvement exam can retake the grade improvement exam from any course they want after the following semester's final exams. It is not possible to take the grade improvement exam for the courses that have obligations such as internship, clinical practice, and projects. Financial provisions regarding the grade improvement exam are determined by the Board of Trustees.* ***(Fenerbahçe University Associate and Undergraduate Education Regulation)***

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| --- | --- | --- |
|  | **Course Code** | **Course Name** |
| **1** |  |  |

**Consultant Approval Financial Affairs Directorate**

Name - Surname: Name - Surname:

Date – Signature: Date – Signature: