



# ACT American College of Technology

## Registrar Office

### Make-up Exam Result Submission Form

Program: \_\_\_\_\_ Enrollment: \_\_\_\_\_ Year \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_ Cr. Hr. \_\_\_\_\_

Name of Instructor(s) \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Make up-exam given: \_\_\_\_\_

No	Name of student	ID N <sup>o</sup>	Department	% Obtained	Letter Grade

Date of Submission: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_

Department Head

College Dean

\_\_\_\_\_  
Registrar Office



**American College of Technology**  
**STUDENT SERVICE CENTER**  
**Make-up Exam Result Submission Form**

Program: \_\_\_\_\_ Enrollment: \_\_\_\_\_ Year \_\_\_\_\_  
Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_ Cr. Hr. \_\_\_\_\_  
Name of Instructor(s) \_\_\_\_\_ Signature: \_\_\_\_\_  
Date of Make up-exam given: \_\_\_\_\_

No	Name of student	ID N <sup>o</sup>	Department	% Obtained	Letter Grade

**For Office Use only**

Date of Submission: \_\_\_\_\_ Signature: \_\_\_\_\_