Summer Semester Exams

## Bar-Ilan University (RA) Student Board – Status Department Ramat Gan 5290002

Telephone: 03-531-8525 Fax: 03-738-4013

Ref: #10

טופס בקשה לבחינות מועד מיוחד לתלמידי תואר ראשון ותעודת הוראה בלבד

## Alternate Testing Arrangements Request Form For bachelor degree and teaching certificate students only

For requests to improve your grade, you must submit signed consent from all relevant departments.

You may download this form to your computer, print and return by e-mail to: biu.9392@mail.biu.ac.il. Scanned forms may be attached to the e-mail.

## <u>Summer Semester Course Form</u> This form is for summer semester courses only.

## Please read the Status Policy carefully in the attached page and/or timetable.

Last name:	First name:	ID:
Authorizations are sent	t by e-mail. Please update your	address on the Bar- Ilan Website.
Student Information & Services –Person	al Information for Student – Information for	Student – Personal Information – Courses and Grades

I hereby request permission to be tested on an alternate date for the course(s) listed below:

"If the course was taken this year under a different lecturer, please note the section # in which you wish to be included to be tested.

"Any other request for a change in section, if approved, will be subject to a fee."

Department	Course #	Course Title	Grades				To improve grade *		
			Semester A		Semester B		Final grade	Department confirmation signature & stamp	
			Term 1	Term 2	Term 1	Term 2			

<u>acaden</u>	nic year following the year in which the course was studied.							
Reasor	for request: (Please note primary reason)							
1.	I served in the IDF from to (dates). Please attach Official IDF Reservist Authorization. <u>"Call-Up Order" will not be accepted as proof of service.</u>							
2.	Courses whose tests overlap on the same date and hour:							
	A. Course took place on (date) at (hour)							
	B. Course took place on (date) at (hour)							
3.	I was hospitalized for a period of Please attach relevant authorization*							
4.	Other personal reason:							
"I here	by affirm that I am aware of all the rules and conditions regarding an Alternate Test Date. I am							
likewis	e aware that receiving approval for an Alternate Test Date for special reasons automatically							
obliges	me to pay test fees at the rate established by the University, and as said, will not be annulled							
or assi	gned to any other request under any circumstance, even if I am ultimately not tested at the							
	ed date. I am aware and consent that the test fee shall be added to my tuition account and that							
all poli	cies and liabilities that apply to tuition fees will apply to it, as well.							
I hereb	y affirm that I am aware of the 10% tuition fee that I will be charged in the event that I did not							
	e a study program in the same study track for which the test was approved during the academic							
_	which I will be tested on the alternate date. I commit to pay the above fee in a timely fashion as							
•	iversity policy regarding tuition, and as they are occasionally updated; and I hereby affirm that							
•	yment is as payment of tuition for any and every matter, and that all commitments and liabilities							
•	bly to it regarding the tuition fees that I submitted throughout my years studying in the							
Univer	sity.							
Date: _	Signature:							
*Reque	est forms without authorizations will not be processed.							

\*\* Improving grades will be approved following the criteria detailed in the timetable only during the

If your request is based on causes that require documentation, please print this form and submit it together with all relevant documents/authorizations attached.

Please attach only photocopied and certified documents. Do not attach original documents, as they will not be saved!