



# AMERICAN UNIVERSITY OF BEIRUT

Suliman S. Olayan School of Business

## Request for Make-up of Incomplete Work

To: **OSB Administrative Committee**

Instructor Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Box Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_ Class: \_\_\_\_\_

Course Title: \_\_\_\_\_ Semester: \_\_\_\_\_

Final Exam Date\*: \_\_\_\_\_

Reason(s) for the incomplete work is/are as follows: \*\*

\_\_\_\_\_

\_\_\_\_\_

In progress Grade (excluding the Final Exam weight): \_\_\_\_\_

Instructor's Comments (if any): \_\_\_\_\_

\_\_\_\_\_

The above request is:       Approved       Declined

Date: \_\_\_\_\_      Instructor's Signature: \_\_\_\_\_

\* Student must attach his/her final exam schedule, specifying course, date, and time.

\*\* Relevant documents should be attached (Medical reports from infirmary or AUB-MC, etc.)

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### **(For OSB Administrative Committee use only):**

To: \_\_\_\_\_

From: Chair OSB Administrative Committee

The above request is:       Approved       Declined

Date: \_\_\_\_\_      Authorized Signature: \_\_\_\_\_

*The student must complete the missed part of the course within four weeks after the beginning of the next regular semester.*

Cc: Course Instructor  
Student