

IBST Make-up Exam Application Form (Student's Copy, please keep it as your reference.)

_____ semester _____ school year		Class		Name
Duration	From: ___(month) ___(day) ___(year) To: ___(month) ___(day) ___(year)			
Reason for Absence	<input type="checkbox"/> Official leave <input type="checkbox"/> Bereavement <input type="checkbox"/> Sick leave (with medical documentation) <input type="checkbox"/> Personal leave <input type="checkbox"/> Other: _____ (approved by the disciplinarian)			
Exams Dates	_____(month) ____ (day) _____ (year) Time: _____ (filled by the academic section chief)			
Grading Policy	<input type="checkbox"/> Students with approved leave will receive a 30% penalty for any score in excess of 60%. <input type="checkbox"/> Exams not completed during the scheduled dates, students will be given a grade of F unless arrangements have been made with the teacher prior to the scheduled exam date. <input type="checkbox"/> Students with unexcused absence will not be allowed to take a make-up examination and will be given a zero on all subjects. (checked by the registrar in accordance with the approved leave)			
Parent or Guardian's Signature				Academic Section Chief's Signature
Homeroom Teacher's Signature				Registrar's Signature
Disciplinarian's Signature				Director's Signature

IBST Make-up Exam Application Form (Homeroom Teacher's Copy)

_____ semester _____ school year		Class		Name
Duration	From: ___(month) ___(day) ___(year) To: ___(month) ___(day) ___(year)			
Reason for Absence	<input type="checkbox"/> Official leave <input type="checkbox"/> Bereavement <input type="checkbox"/> Sick leave (with medical documentation) <input type="checkbox"/> Personal leave <input type="checkbox"/> Other: _____ (approved by the disciplinarian)			
Exams Dates	_____(month) ____ (day) _____ (year) Time: _____ (filled by the academic section chief)			
Grading Policy	<input type="checkbox"/> Students with approved leave will receive a 30% penalty for any score in excess of 60%. <input type="checkbox"/> Exams not completed during the scheduled dates, students will be given a grade of F unless arrangements have been made with the teacher prior to the scheduled exam date. <input type="checkbox"/> Students with unexcused absence will not be allowed to take a make-up examination and will be given a zero on all subjects. (checked by the registrar in accordance with the approved leave)			
Parent or Guardian's Signature				Academic Section Chief's Signature
Homeroom Teacher's Signature				Registrar's Signature
Disciplinarian's Signature				Director's Signature

IBST Make-up Exam Application Form (Office Copy)

_____ semester _____ school year		Class		Name
Duration	From: ___(month) ___(day) ___(year) To: ___(month) ___(day) ___(year)			
Reason for Absence	<input type="checkbox"/> Official leave <input type="checkbox"/> Bereavement <input type="checkbox"/> Sick leave (with medical documentation) <input type="checkbox"/> Personal leave <input type="checkbox"/> Other: _____ (approved by the disciplinarian)			
Exams Dates	_____(month) ____ (day) _____ (year) Time: _____ (filled by the academic section chief)			
Grading Policy	<input type="checkbox"/> Students with approved leave will receive a 30% penalty for any score in excess of 60%. <input type="checkbox"/> Exams not completed during the scheduled dates, students will be given a grade of F unless arrangements have been made with the teacher prior to the scheduled exam date. <input type="checkbox"/> Students with unexcused absence will not be allowed to take a make-up examination and will be given a zero on all subjects. (checked by the registrar in accordance with the approved leave)			
Parent or Guardian's Signature				Academic Section Chief's Signature
Homeroom Teacher's Signature				Registrar's Signature
Disciplinarian's Signature				Director's Signature