(Print on A4 paper)
AY2026

Makeup Examination Request Form

※Your personal Information written in the application form will be used only in order to do the work of Makeup Examination.

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College	Course	Year	Student ID Number	Name in full
Phone				

Date of Examination	月 Month 日 Day ( ) 時限 Period	Instructor Name	
Course Code		Course Title	

Date of Examination	月 Month 日 Day ( ) 時限 Period	Instructor Name	
Course Code		Course Title	

Date of Examination	月 Month 日 Day ( ) 時限 Period	Instructor Name	
Course Code		Course Title	

Date of Examination	月 Month 日 Day ( ) 時限 Period	Instructor Name	
Course Code		Course Title	

Number of Reasons for Applying Makeup Examination		Period of Suspension(*)	月 Month 日 Day ～ 月 Month 日 Day

*Fill in the suspension period as specified in the "Medical certificate" or "Certificate of Permission to Attend School" prescribed by the University

Detail of the reason: If a separate "Statement of Circumstances" is provided, please write "Refer to the separate statement."

Application Section for Special Measures Regarding Study Abroad Program Participation (To be completed by eligible students only. Refer to item #4-5"In the case where the Makeup Examination period conflicts with the schedule of the study abroad program" under the "4. Makeup Examination" on the Examination Information Announcement.)

・The person who apply to take Makeup Examination must fill out the check box like as ☑ and the following ① to ③ correctly as a reason their all Makeup Examination schedule overlap their schedule of Study Abroad Program held by our university. However, the applicability of special measures shall also qualify for screen.

・The person who apply to take Makeup Examination must fill out the following ① to ③ correctly as a reason that some of Makeup Examination schedule overlap their schedule of Study Abroad Program held by our university.

☐ I request to take special measures for reason that all Makeup Examination schedule overlap my schedule of Study Abroad Program held by Rikkyo University.

①Name of the program		②Itinerary		③College or Department I applied for the program	

Check Items. Not acceptable if check items is blank.

☐I hereby apply for Makeup Examination after having read and understood the "4. Makeup Examination" on the Examination Information Announcement .

☐I have confirmed that there are no incomplete, missing, or incorrect sections in my Makeup Examination Request Form.

Please check the following details under each section of "4. Makeup Examination" on the Examination Information Announcement .

Period of submission	Within one week from the day after the date the Examination date (Including the same day of the week in the next week. If the deadline is a day on which the office is closed, submit it by the day on which the office is open again.) *Applicant unable to submit a Makeup Examination Request Form due to hospitalization etc. should contact the Academic Affaires Office on your campus for instructions during the submission period.		
Attached necessary documents	・Documents proving the reason for Applying Makeup Examination. ・Photocopy of Course registration status screen (Printed A4 size).	**Place of submission**	Academic affairs Office at your campus

For University Use Only

■認定した出校停止期間 月 日～ 月 日

■無効科目 有り ・ 無し

受付者		確認①		確認②		入力	

メモ

受付印