## AMRITA VISHWA VIDYAPEETHAM Copy to be submitted to the Dy. Controller of Exam AMARAVATI CAMPUS KURAGALLU, AMARAVATI – 522503

## APPLICATION FOR **MISSED MIDTERM**Semester Year

Name of the Studer	nt:	_Register No.:			
Branch:		Section:			
Mobile No:					
Missed midterm a	pplied for				
S. Course No Code	Course Title	Faculty Handling			
		Signature with Date	Name		
Date:		Sign	ature of the Student		
Reason for Abse	nce(attach the medical certifi	icate)			
	have missed their mid-ter permitted to appear for the				

❖ To be submitted to respective departments after the approval from the course

midterm examination.

handling faculty with in 5 working days immediately from the last date of

## AMRITA VISHWA VIDYAPEETHAM Copy to be retained by the Department AMARAVATI CAMPUS KURAGALLU, AMARAVATI – 522503

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-	No:		Section:	
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S. No.	Course Code	Course Title	Faculty Handling	
			Signature with Date	Name
Date:			Signature	e of the Student
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handling faculty with in 5 working days immediately from the last date of

midterm examination.