

REQUEST FOR A MAKE-UP FINAL EXAM

Students who have **THREE OF MORE EXAMS SCHEDULED ONE THE SAME DAY** may request to take one of the exams on the official make-up exam day.

STUDENT NAME:		CURRENT SEMESTER:	
Email:			
Please list below the exam	ns scheduled on the same day:		
Course Code	Course Title	Section	Professor
PART I – TO BE COMPLETED	BY THE STUDENT		
Signature:		Date:	
PART II – TO BE COMPLETEI	D BY THE ASSISTANT DEAN OF S	TUDENT ACADEMIO	AFFAIRS
Request approved: □ Yl	ES □ NO		
Signature:		Date:	
RESCHEDULED EXAM:			
	Professor's App		☐ YES
	-	Professor has provided a make-up exam:	
	Student has been		□ YES
	Student has resp	onded:	□ YES
THIS APPLICATION, FULLY	COMPLETES, MUST BE PRESENTE	D TO THE REGISTRA	AR'S OFFICE BY THE

Please note:

• Students who DO NOT have <u>three or more</u> exams scheduled on the same day are NOT allowed to take an exam on the make-up exam day.

GIVEN DEADLINE.

• Students who DO NOT complete this form by the posted deadline will NOT have the possibility of taking one of their exams on the make-up day.