

Make-up exam form

Your name:

Your email:

Day and date of the regularly scheduled exam:

Reason for missing the regularly scheduled exam:

(Please note that it is your responsibility to show documentation for this reason to your own instructor. Your make-up exam - if given - will not be graded until you have done thus.)

Please write down a list of times you are available for taking the make-up exam during the week following the regular exam. Start with the day following the regular exam. Include daytimes, evenings, and weekends. The more available times you provide, the more likely we will be able to accommodate your schedule.

Days after exam	1	2	3	4	5	6	7
Day of the week							
Available times							