Math 2A/2B Final Exam Make-up Request Fall 2018

Name:		(offi	ce use only)	
ID#:			Approved	
Email:			Denied	
Instructor:				
Course code:				
Reason for requesting make-up exam. Please check one, and provide additional information in the space below. If applicable, attach documentation to this form. Religious Employment Child care Transportation				
□ Other				
Explanation:				
Signature and Date:				
Make-up times (mark your preference, locations announced later): ☐ Monday, December 10th, 1:30–3:30pm ☐ Tuesday, December 11th, 8:00–10:00am				

Return this form to Eugena Thompson in Rowland Hall 340, by Friday, November 16th. A make-up request submitted after this deadline for a non-emergency reason, even if approved, will be accompanied by at least a 5 point deduction from the score on the make-up final exam.

If you have a last minute emergency, such as personal illness, injury or death of an immediate family member, please contact Dr. Neil Donaldson (ndonalds@math.uci.edu) as soon as possible to discuss the possibility of a make-up final examination or an Incomplete.