

Math 2A/2B Final Exam Make-Up Request Spring 2017

Name: _____

ID#: _____

Email: _____

Instructor: _____

Course code: _____

(office use only)

☐ Approved

☐ Denied

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, June 12th, 1:30-3:30pm
- ☐ Tuesday, June 13th, 8:00-10:00am

Return this form to Mike Vo, the Mathematics Undergraduate Program Coordinator, in Rowland Hall 340B, by **Friday, May 19th**. 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. Christopher Davis (davisdj@uci.edu) as soon as possible to discuss the possibility of a make-up final examination or an Incomplete.