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

Name: ______________________________
ID#: ______________________________
E-mail address: _____________________
Math 2A/2B Instructor: _________________
Section Course Code: ___________________

Reason for requesting to take the make-up exam (please check one, provide additional requested information when indicated, and provide detailed explanation in the box below):

☐ Religious
   Your religious affiliation: ______________________________

☐ Employment
   Name of employer (attach letter from employer stating the consequence of you not working Wednesday, August 2nd 5-7PM): ______________________

☐ Child Care
   Normal working hours of your childcare provider: _________________

☐ Transportation

☐ Other

For all of the above, please explain your reason in more detail below; use the back if necessary (request forms missing adequate explanation may be automatically rejected):

Make-Up Exam Time: Thursday, August 3\textsuperscript{rd}, 9-11AM in Rowland Hall 306

****Return this form to the Mathematics Undergraduate Program Coordinator’s Office in Rowland Hall 340B by Friday July 14\textsuperscript{th} (LATE REQUESTS NOT ACCEPTED!). If you have a last minute emergency, such as personal illness, injury or death of an immediate family member, please contact Dr. Rachel Lehman (rlehman@uci.edu) as soon as possible to discuss make-up final examination.****