

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

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Math 2A/2B Instructor: \_\_\_\_\_

Section Course Code: \_\_\_\_\_

☐ Granted

☐ Denied

\_\_\_\_\_  
Signature and Date

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):

***Note: Vacation plans or other social engagements will not be considered as legitimate excuses.***

☐ Religious

Your religious affiliation: \_\_\_\_\_

☐ Employment

Name of employer (attach letter from employer stating the consequence of you not working Wednesday, September 11<sup>th</sup> 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, September 12<sup>th</sup>, 9-11AM in Rowland Hall 340P**

**\*\*\*\*Return this form to the Mathematics Undergraduate Program Coordinator's Office in Rowland Hall 340B by Friday August 23<sup>th</sup> (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@math.uci.edu) as soon as possible to discuss make-up final examination.\*\*\*\***