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):

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 Saturday, December 5th, 1:30-3:30PM): ______________________

☐ 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 Times: (mark your preference, locations TBA):
   Monday, Dec 7th, 1:30-3:30pm
   Tuesday, Dec 8th, 8:00-10:00am

****Return this form to the Mathematics Undergraduate Program Coordinator’s Office in Rowland Hall 340B by Friday November 13th (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. Christopher Davis (daviscj@uci.edu) as soon as possible to discuss the possibility of a make-up final examination or an Incomplete.****