

**REQUEST FOR MAKE-UP EXAMINATION OR ASSESSMENT**

(Print or type responses)

Date of Request \_\_\_\_\_ Course &amp; Section \_\_\_\_\_

Instructor Name \_\_\_\_\_

Student Name \_\_\_\_\_

Student Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Date of Excused Absence \_\_\_\_\_

Cause of Excused Absence \_\_\_\_\_  
\_\_\_\_\_Form of Documentary Support for Cause of Excused Absence \_\_\_\_\_  
\_\_\_\_\_

(Note: Documentary support for the cause of absence must be attached to this form to validate your request (original or photocopy accepted). Requests submitted without documentary support will not be approved.)

Examination or Assessment to which this Request Applies \_\_\_\_\_  
\_\_\_\_\_**Official Request and Certification of Availability for Make-Up Examination or Assessment**

I request that I be allowed to undertake the make-up examination or assessment specified above, because I missed the original examination or assessment due to excused absence. I have filled out page two of this request and have indicated all times for a two week period during which I cannot undertake the make-up examination requested with this form. I certify that all other times during this period and within regular business hours are convenient for me to undertake the make-up examination requested.

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Request Approved Request Not Approved (Give reason, if request not approved.)Reason Request Not Approved \_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Put an "X" in each hour of each day during which it will be impossible for your to undertake the requested make-up examination or assessment. Begin with the day following the date of this request. Continue for at least ten business days. Work carefully, because this schedule declaration will determine your appointment for make-up examination or assessment (presuming your request is approved).

Week of Monday \_\_\_\_\_ (date), \_\_\_\_\_ (month), \_\_\_\_\_ (Year)

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 A					
9:00 A					
10:00 A					
11:00 A					
12:00 P					
1:00 P					
2:00 P					
3:00 P					
4:00 P					

Week of Monday \_\_\_\_\_ (date), \_\_\_\_\_ (month), \_\_\_\_\_ (Year)

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 A					
9:00 A					
10:00 A					
11:00 A					
12:00 P					
1:00 P					
2:00 P					
3:00 P					
4:00 P					

Week of Monday \_\_\_\_\_ (date), \_\_\_\_\_ (month), \_\_\_\_\_ (Year)

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 A					
9:00 A					
10:00 A					
11:00 A					
12:00 P					
1:00 P					
2:00 P					
3:00 P					
4:00 P					

Empty rectangular box for additional information or signature.