REQUEST FOR A MAKE-UP FINAL EXAM

Students who have **THREE OF MORE EXAMS SCHEDULED ONE THE SAME DAY** may request to take one of the exams on the official make-up exam day.

STUDENT NAME: ___________________________  CURRENT SEMESTER: ____________

EMAIL: ___________________________

Please list below the exams scheduled on the same day:

<table>
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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Section</th>
<th>Professor</th>
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**PART I – TO BE COMPLETED BY THE STUDENT**

Signature: ___________________________  Date: ____________

**PART II – TO BE COMPLETED BY THE ASSISTANT DEAN OF STUDENT ACADEMIC AFFAIRS**

Request approved:  □ YES  □ NO

Signature: ___________________________  Date: ____________

**RESCHEDULED EXAM: ________________**

Professor’s Approval:  □ YES
Professor has provided a make-up exam:  □ YES
Student has been informed:  □ YES
Student has responded:  □ YES

**THIS APPLICATION, FULLY COMPLETES, MUST BE PRESENTED TO THE REGISTRAR’S OFFICE BY THE GIVEN DEADLINE.**

Please note:

- Students who DO NOT have **three or more** exams scheduled on the same day are NOT allowed to take an exam on the make-up exam day.
- Students who DO NOT complete this form by the posted deadline will NOT have the possibility of taking one of their exams on the make-up day.