## **Make-up Exam Request Form**

Name: UI Email:				Student ID:  Phone #:		
Course:					1	
Exam missed	(check): 1 2 3	Final C	Other	Date of exam missed: _		
only if one of attach any su	f the following reasons upported documentatio	applies. Please	check th	make up examinations t e reason that applies to y em into the Chemistry C	our circumstance and	
1) Due to	o mness.					
(a)	Did you visit Student When?			/ No		
(b)	Did you see another d	octor? Yes	/ No			
(c)	If your answers to (a) and (b) are "NO," provide an alternate contact, such as an advisor or a parent, who can certify your absence from required participation in regularly scheduled exam.  Name and phone #:					
2) Mand	atory religious obligati	ons. Provide de	etails of th	e religious obligation that	conflicts with the exam.	
3) Unive	rsity activities. Provide	e details of this a	activity (da	ates, times, university supe	ervisor for the activity).	
<b>4) Other</b> apply).	unavoidable circumsta	ances (instructor	r approval	required, case-by-case ba	sis, penalties may	
	the above facts are true disciplinary action in th			lge and belief. I understore re found to be falsified.	and that I subject myself	
Student signature:				Date:		
FOR OFFICE	E USE ONLY					
Faculty appr	roval:			Staff's Initials:		
Date:				Date:		