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.

☐ Employment
   Name of employer (attach letter from employer stating the consequence of you not working September 12th, 5-7PM): _______________________

☐ Child Care
   Normal working hours of your childcare provider: _______________________

☐ Another Summer Session II Final scheduled at same time
   Course code and title of class: ______________________________________

☐ 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 13th, 9-11AM in Rowland Hall 306

****Return this form to the Mathematics Undergraduate Program Coordinator’s Office in Rowland Hall 340B by Friday September 7th (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 Laurie Andress-Delaney (landress@uci.edu) as soon as possible to discuss a make-up final examination.****