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 on Saturday, March 17th): ______________________

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

☐ Registered with the UCI Disability Services Center

☐ 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 Times (mark your preference):

☐ Monday, March 19th, 4-6PM
☐ Tuesday, March 20th, 8-10AM

****Return this form to the Mathematics Undergraduate Program Coordinator’s Office in Rowland Hall 340B by Friday of Week 7 (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. Sarah Eichhorn (sfrey@math.uci.edu) as soon as possible to discuss make-up final examination.****