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, June 8th): ________________________________

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

☐ Transportation

☐ 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, June 10th, 8-10AM
☐ Tuesday, June 11th, 1:30-3:30PM

****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. Alessandra Pantano (apantano@uci.edu) as soon as possible to discuss make-up final examination.****