REQUEST FOR MAKEUP EXAM

This form may only be issued by the College of Law’s administrative staff.

Staff Accepting Completed Request:

Date:

STUDENT NAME: _______________________________ Year: __________

REASON FOR MAKEUP EXAM REQUEST:

AUTOMATIC RESCHEDULE: [no signature required]

_____ 4 exams in a row:

1. ____________________________ Date: _________ Professor: ____________

2. ____________________________ Date: _________ Professor: ____________

3. ____________________________ Date: _________ Professor: ____________

4. ____________________________ Date: _________ Professor: ____________

_____ 2 exams in 1 day

1. ____________________________ Date: _________ Professor: ____________

2. ____________________________ Date: _________ Professor: ____________

DISCRETIONARY MAKEUP REQUEST: 3 exams in a row [requires Professor’s signature]

1. ____________________________ Date: _________ Professor: ____________

2. ____________________________ Date: _________ Professor: ____________

3. ____________________________ Date: _________ Professor: ____________

Makeup requested for what exam? ________________________________

Makeup Date: _______________________________________________ Time: _______________________

Professor’s Signature (if required) _______________________________________________________

Policy on Makeup Exams

• Students who have exams four days in a row, or more than one on the same day, can request a makeup exam. In the case of four exams days in a row, the THIRD exam is rescheduled. The instructor’s signature is not required.

• At the discretion of the instructor, students who have exams three days in a row may be permitted to schedule a makeup exam. The instructor’s signature is required.

• If a student is permitted to reschedule an exam, it will be held on the next available makeup day following the regularly scheduled exam date.

YOU MUST ATTACH YOUR CURRENT CLASS SCHEDULE TO THIS FORM FOR YOUR REQUEST TO BE PROCESSED!

By signing this form I agree that I will not discuss the content of the missed exam with anyone and will not receive any information about the content of the missed exam until it has been made up.

Student Signature __________________________________________ Date _______________________

Please return this form to the Dean’s Administrative Staff, Room 280, by Monday, October 26, 2020. LATE REQUESTS WILL NOT BE CONSIDERED.

Confirmation of a decision will be placed in your student mailbox. APPROVED DENIED

For Office Use Only: Approved by: _______________________________ Date: ___________________