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: __________________

_____ 2 exams in 24 hours:

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? __________________________________ Professor: __________________

Makeup Date: ___________________________________________ Time: __________________

Professor's Signature (if required) ______________________________________________________

Policy on Makeup Exams

• Students who have exams four days in a row, more than one on the same day or two within 24 hours may schedule 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 Friday, April 5, 2019.

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: ____________________