

# Request Form for a Makeup Exam

*Note:* This page must be filled out completely and returned to the instructor if you missed an exam or know that you will have to miss an exam in order to be considered for a makeup exam. In the cases where the student knows he/she will be absent prior to the exam, this form is due **before** the class takes the exam and the makeup should be taken before the class is scheduled to take the exam. In the event that a student is in a true emergency situation and is unable to notify the instructor in advance of the exam, this form is due by the beginning of the next class the student returns. Completing this form does not guarantee a makeup exam; it only gives consideration. The instructor will make the final decision.

## A. Student Information (To be completed by the student)

Date of this request: \_\_\_\_\_ Student name: \_\_\_\_\_

Student phone #: \_\_\_\_\_ Student email: \_\_\_\_\_

Course and section (or time): \_\_\_\_\_ Exam missed: \_\_\_\_\_

Request Date for Make-up \_\_\_\_\_

Reason for missing the exam: (explain as fully as possible- use reverse side if needed)

Documentation attached: \_\_\_ No \_\_\_ Yes, provided by \_\_\_\_\_

*Note:* Documentation should always be presented if available to help the instructor understand why you missed an exam. *Examples include: obituary, copy of court summons, note from physician, note from athletic coach, etc...*

## B. Makeup Policy

Makeup exams are available **only** to students who have a legitimate excuse for missing an exam, such as a serious illness needing medical attention and can be documented, athletic team event out of town, death in the immediate family, etc. If you know in advance that you must miss an exam, complete this form and give it to the instructor in advance, and bring **documentation** to support your anticipated absence. You will be expected to take the exam prior to the exam date. If you miss an exam unexpectedly because of a sudden, severe illness or accident, complete this form and hand it to the instructor the first day you return to campus (or as an email attachment if you will be away for some time) with **documentation** of your situation.

Students who oversleep or who don't feel well and don't seek medical attention will be denied a makeup exam.

## C. Student Signature

I pledge that all of the information contained on this form is true to the best of my knowledge. I understand it is my responsibility to submit this form to my instructor as outlined above and that I am not guaranteed a makeup exam.

Student Signature: \_\_\_\_\_

## D. Instructor Response (To be completed by the instructor only)

Permission for makeup exam is: \_\_\_ Granted \_\_\_ Denied

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_