

**Request to Take a Make-up Exam or Make-up Assignment**

COURSE: \_\_\_\_\_

Name of student making request: \_\_\_\_\_

Date of request: \_\_\_\_\_

I am requesting to be absent from Exam \_\_\_\_\_, scheduled for \_\_\_\_\_  
Month/Day/Year

My reason for making this request is:

I understand that faculty will review my request and that I may receive a 10% deduction on the makeup exam grade, based on the decision made by the Associate Dean/Dean of Graduate Studies regarding whether the reason for missing the exam is justifiable (excused). I also understand that the final exam may be weighted more heavily instead of taking a separate make-up exam.

I also agree to be responsible for obtaining the date, time and location of the make-up exam from the Course Director.

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Student Signature

Date

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Associate Dean/Dean of Graduate Studies

Date

Associate Dean/Dean Decision:    Excused Absence

Unexcused Absence

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Course Director Signature

Date