

MAKE-UP FINAL EXAM REQUEST

*Please use one form per exam

Student Name: _____		Student ID: _____	Date: _____
Course #: _____	Course Name: _____	Faculty Name: _____	
Year: _____	Program: _____	Student Signature: _____	
Quarter: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	Program Language: <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Chinese		

Reason for Request:

Supporting Documents (attach copies, if applied):

<i>Official Use Only</i>	
Approved by Faculty: <input type="checkbox"/> YES <input type="checkbox"/> NO Faculty Signature: _____ Date: _____	Date of Make-up Exam: _____ Time of Make-up Exam: _____
Approved by Dean of Academic Affairs: <input type="checkbox"/> YES <input type="checkbox"/> NO Dean of Academic Affairs Signature: _____ Date: _____	Fee Paid (US\$ 100 per exam): <input type="checkbox"/> YES <input type="checkbox"/> NO Front Office Signature: _____ Date: _____

Make-up final exam requests must be completed no later than the end of the 12th week of the current quarter.