

## Office of the Registrar

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## **FINAL EXAMINATION MAKE-UP REQUEST**

**REASON FOR REQUEST** 

*CUNYfirst Empl ID (8digits):			
*Name:			
Last	First		M.I.
*Address:			
*City			
*Phone: Home	Cell	Work	
*All scheduled examinations for th	ne requested change dat	te	
Department Chair:	Department of:	Semester:	
Examination schedule conflic	t Mul	tiple examinations on the sa	ame day
<u>Course</u>	<u>Date</u>	<u>Time</u>	
*Make up examination requested	in:		
Course and Section		<u>Instructor</u>	
Upon completion of this form:			
1. The form must be taken, by the	student, to be approved by t	he Department Chair.	
<ol> <li>The student must bring the signe</li> <li>A copy of this form should be ref</li> </ol>		e and pay applicable fee(s).	
	ip Examination Date		
Request Denied:			
nequest belieu.			
Student Signature	Department Chair Sig	nature Date	
*Required *Disclaimer: All informa	ation provided will be used to	o update York College records	