EXAMINATION MAKE-UP REQUEST

All areas of the form MUST be completed

CUNYfirst Empl ID (8 digits): _____ **Semester:** _____ **Year:** _____

Name: _____
Last **First** **MI**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone: _____

List all scheduled exams for the requested date

☐ Examination schedule conflict ☐ Multiple examinations on the same day

Course	Date	Time

Make up examination requested:

Course and Section	Instructor Approval (**PRINT & Sign**)

Make-up Examination Date: _____

Request Approved: ☐

Request Denied: ☐

Department Chair Signature: _____

Upon completion of this form:

1. The form **MUST** be signed by the Department Chair with approval.
2. The student **MUST** pay applicable fee to the Bursar's Office.
3. A copy of this form should be retained by the student

_____
Student Signature **Date**