Make-up Exam Instructions

Student Name:_____________________________    Instructor:______________________________

Date(s):_________________________________________________    Only on this Date:  Yes or No
(list specific date or range of dates allowed)    (Please circle one)

Time(s):____________________________________________    Only at this Time: Yes or No
(list specific time or range of times allowed)    (Please circle one)

Time Allowed for Exam:____________________
(ex: 40 minutes, 1 2 hours)

Special Instructions (open book, no materials, return exam copy, write on separate paper, etc.):
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