

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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