CHEMISTRY 110
SPRING 2010
Request to take the Make-up Exam

Student Name ___________________________  Section # _________

eMail ________________________________

Today’s Date ___________

Exam to be replaced (please circle):  1  2  3

Reason for requesting Make-up exam:

1. There is only one Make-up Exam: it covers material from exam 1, 2, and 3.

2. The Make-up Exam will be held from 6:30-7:45pm on Monday, April 19 in 104 Thomas.

3. Failure to sign-up properly for the Make-up Exam may result in the Make-up Exam not counting towards your grade.

I have read and understand the statements given above.

Student’s Signature _____________________________

Instructor’s Signature _____________________________

Return the completed form to 210 Whitmore (open M-F 8-5) by April 14th