



Petition for Makeup Final Examination

Date _____
 MM/DD/YY

Please print. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

Last Name			First Name			MI		
Address Apt No.				Social Security Number				
City		State	Zip	Home Phone	Cell Phone	Evening Phone		

This is to request a makeup of final examination(s) which was (were) not taken for the following course(s) listed below:

Course No.	Section	Semester/Year	Instructor's Name		Date
			Print Last Name	Signature	

NOTE: Instructor's signature ***MUST BE*** obtained prior to payment of fee. Payment is to be made at the Bursar's Office, Room A-205.

_____ Date (MM/DD/YY)

_____ Student's Signature

(When completed, please bring this form to the Registrar's Office, Room A-101)

<u>FOR OFFICE USE ONLY</u>	
1. Fee Paid	_____
2. Student Notified	_____