APPLICATION FOR MAKE-UP EXAM

NAME _____________________________ WIN NO ________________________
e-mail address ________________________________________________
COURSE _______ STAT 216 _______ SECTION __________________________
INSTRUCTOR ______________________________________________________

WHICH EXAM DID YOU MISS? FIRST _____, SECOND ______.
REASON FOR MISSING EXAM:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Name, title (or position), business address, and phone number of at least one person who can verify the excuse (such as a doctor, court officer, police officer, funeral director, garbage mechanic, etc.)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Approved by:
___________________________________________________________________________

Date: ________________________________

Please complete this form and return it to your instructor.