

Registrar's Office
University of the Sciences in Philadelphia

Request for Make Up Examination

Fall 2009

Completed by student

Student's
Name: _____ Year: _____ Major: _____

Permanent
Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Student I.D.: _____

Dept: _____ Course #: _____ Section: _____

Instructor: _____ Date of Missed Exam: _____

Student's Signature: _____ Date: _____

Thursday, January 14, 2010 10:00AM STC 145

Completed by Instructor

_____ I wish the student to take the make up examination on the scheduled make up date as published in the student handbook.

(Thursday, January 14, 2010 10:00AM STC 145)

_____ I shall make my own arrangements with the student.

Instructor's Signature: _____

Return this form to the Registrar