

**REQUEST FOR EARLY MAKEUP OF EXAM: \_\_\_\_\_**

**Name:** \_\_\_\_\_

**Lecture Div:** \_\_\_\_\_ **Lab Div:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ @ purdue.edu

Date of scheduled exam you will not be able to take:

Reason for requesting an early makeup (attach any supporting documentation):

Time/date you would like to take an early makeup (subject to instructor approval):

*"In signing this statement, I hereby certify that the reason given for taking an early makeup exam is true. I also agree to not discuss the contents of the exam with anyone until the graded papers are returned."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_