

REQUEST FOR MAKING UP MISSED EXAM: _____

Name: _____

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

Date of scheduled exam you were not able to take:

Reason for missing scheduled exam (attach any supporting documentation):

"In signing this statement, I hereby certify that the reason given for requesting a makeup exam is true."

Signature: _____ Date: _____