

Rochester Institute of Technology

*School of Physics and Astronomy*

**Make-Up Exam Request Form**

*Disclaimer: Submission of this request is in no way a guarantee that it will be approved. Each request is considered on an individual basis by the Head of Physics & Astronomy.*

**This form must be filled in completely and submitted in a timely fashion electronically (as an email attachment) to BOTH your instructor AND the Physics & Astronomy central office:**

**School of Physics and Astronomy  
Room CAR-1258    [rldsps@rit.edu](mailto:rldsps@rit.edu)**

**Name of Student Requesting Make-Up Exam:** \_\_\_\_\_

**Name of Instructor:** \_\_\_\_\_

**Semester (Fall or Spring):** \_\_\_\_\_ **Course Number:** \_\_\_\_\_ **Section Number:** \_\_\_\_\_

**Date and Time of Missed Scheduled Exam (Future or Previous):** \_\_\_\_\_

**Below, clearly state your reason for missing the exam and requesting a make-up. Include all details pertinent to the request. It is essential that you submit relevant documentation with this form in support of your request:**

**If submitted as hard copy, student must sign and date here:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

(If submitted electronically, email date/time stamp serves as student's signature.)

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**Student's Email to Which Response Should Be Sent:**  
(Instructor will also be copied on school head's response)