

RETURN FORM TO DR. MORRISON'S MAILBOX IN BOYDEN 206.

Request to take Makeup Exam in General Biology

Your name _____

Signature _____

Your RUID _____

Telephone _____

Email address _____

Discussion section leader _____

Discussion section _____

Please explain why you cannot take

- the lecture exam scheduled for FRIDAY at 2:30 PM:
- the alternative, EARLY exam on Friday at 1:00 PM:

If course(s) conflict, specify:

Title of course on Fridays at 2:30 PM _____

Department and course number _____

Course day and time _____

Instructor's name _____

Title of Course on Fridays at 1:00 PM _____

Department and course number _____

Course day and time _____

Instructor's name _____

Signature of instructor _____

Instructor's office phone number _____

If conflict with work

Company name _____

Times you must be at work that Friday _____

Reason why you were unable to get a replacement:

Signature of supervisor _____

Supervisor's name _____

Supervisor's work phone number _____