MAKE UP TEST/QUIZ AUTHORIZATION

Course ___________________________  Semester ___________________________

Name ___________________________  Date ___________________________

ID # ___________________________  Test/Quiz ___________________________

Reason for authorization to be granted to take test/quiz late (be specific and attach copies of supporting documentation):

Note: This form is to be completed by the student for each authorization request. It will be kept in the instructor's files. A student should complete this form within three (3) class meetings after the test or quiz was given or establish contact with the instructor to discuss their situation.

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Student ___________________________  Date ___________________________

Instructor ___________________________  Date ___________________________