



Department of Mathematics
Alternate Exam Request Form
MA 114, Calculus II

Complete this form online, PRINT it, and turn it in to your instructor to request an alternate exam.

Name: _____

Student ID: _____

Email: _____

Recitation Section Number: _____

Conflicting Course Name and Number:

Are you available for a two-hour alternate exam between 7:30-10:00 PM on the same night as our exam?

Yes

No

If not, what is the name and number of the conflicting course for the alternate exam time?

