

**Alternate Exam Request Form
MA 113, Calculus I**

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 on the night of the original exam?

Yes

No

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