



SOUTHERN CALIFORNIA UNIVERSITY

School of Oriental Medicine and Acupuncture

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Make-up Examination Form

Request Date: _____

Quarter: _____ Year: _____

Student Name: _____ Student ID #: _____

Course Number/ Course Title: _____

Instructor Name: _____ Original exam date: _____

Midterm Final Other: _____

Note: make-up exams must be administered within one week of original exam date.

Reason for make-up examination:

Instructors Approval is needed: Will a proctor be needed? Yes No

Instructors Signature: _____ New date: _____

Administrative Approval:

Title: _____ Name: _____ Sign: _____

I acknowledge the terms and conditions of this agreement, I understand I will be assessed a \$50.00 Fee and that my exam grade will drop a full grade/or 10% equivalent.

Student Signature: _____

Date: _____

\$50.00 make-up fee payable to the clinic front desk.

Paid: Initial: _____