

**SOUTHEASTERN UNIVERSITY
ACADEMIC ASSISTANCE CENTER
MAKE-UP EXAM**

Professor: _____ Extension: _____

Class: _____

Today's Date: _____ Date to be completed: _____

For Student (Name, ID#): _____

More than one student taking exam? _____ Number of exams given to Center: _____

List students taking exam (or attach a list):

1. _____
2. _____
3. _____
4. _____
5. _____

Please circle how you would like your exam(s) returned:

Return by: Campus Mail Pick-up (Date _____) Delivery (to office)

Return Date: _____ Staff Name: _____