

**Please print. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

Last Name		First Name		MI	Social Security #:		CUNY first #:		
Address				Apt No.		Email			
City			State	Zip	Home Phone		Cell Phone	Evening Phone	

This is to request a makeup of final examination(s) which was (were) not taken for the following course(s) listed below:

Disc. & Course No.	Section	Semester/Year	Instructor's Name		Date
			Print Last Name	Signature	

**NOTE:** Instructor's signature ***MUST BE*** obtained prior to payment of fee. Payment is to be made at the Bursar's Office, Room A-205.

\_\_\_\_\_ Date (MM/DD/YY)

\_\_\_\_\_ Student's Signature

**(When completed, please bring this form to the Registrar's Office, Room A-101)**

<b><u>FOR OFFICE USE ONLY</u></b>	
1. Fee Paid	_____
2. Student Notified	_____