Make-Up Exam Request

Name: _____ **Student ID:** _____

Email: _____ **Phone Number:** _____

Degree Program: ☐ MAcHM (Master's program) ☐ DAcHM (Doctorate program)

** Eligibility for a make-up exam is restricted to special conditions. This request form must be submitted at least 24 hours prior to the scheduled exam time. $100 fee will be applied for each Make-Up Exam.*
*** Please refer to the Catalog and Student Handbook for more information.*

[A] I am requesting a make-up exam for the following course:

Term: _____ (e.g. Spring 2024)

Course Code & Name: _____ (e.g. BS313 Pathology III)

Course Language: ☐ English ☐ Korean

Faculty Name: _____

[B] Please provide reason for this request:

** Please attach any supporting documents (i.e. exam paper, assignment, etc.)*

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date**: _____

Approved by Faculty: □ Approved □ Declined

Schedule of Make-Up Exam: _____

Instructor: _____ **Date**: _____

FOR ADMIN USE ONLY

Academic Director: _____ **Date**: _____

Accounting Manager: _____ **Date**: _____

Please submit this form via e-mail to machm@dula.edu or dachm@dula.edu.

Updated 10/01/2025