Make-up Exam Instructions

Student Name: _____

Instructor: _____

Course: _____

Exam date: _____

Time Limit: _____

Calculator:
(check one)

☐ *Not* **allowed**

☐ *PACe calculator ONLY*

☐ *Personal calculator OK.*

References:
(check one)

☐ *Not allowed*

☐ *May use:* (fill in)

_____.

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