

Office of Admission and Records
Institute of Clinical Acupuncture and Oriental Medicine

REQUEST FOR MAKE-UP EXAM

I, _____ am requesting for make-up exams for the following reasons:

Please check:

- Before scheduled mid-term exams After scheduled mid-term exams
 Before scheduled final exams After scheduled final exams

Course Title:	Instructor Name:	Approval/Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please state the date and time for your make-up exams (subject to availability):

First choice: Date ___/___/_____ (mm/dd/year) Time: _____ (office hours)
Second choice: Date ___/___/_____ (mm/dd/year) Time: _____ (office hours)

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PAYMENT: Make-up exam fee US\$50.00 (per course) and Proctor fee US\$25 per hour (one hour min.)

VISA MC _____ Check Cash

Signature: _____ Expire Date ___/___

PLEASE FAX to: 808.521.2271 or scan/email to: registrar@orientalmedicine.edu

OR Mail to: ICAOM, c/o Registrar, 100 N. Beretania Street, Suite 203, Honolulu, HI 96817

OFFICE USE ONLY:

Request and Fee Received on: _____ Processed By: _____

Approved First Choice Second Choice Denied Pending

Signature of Registrar or CEO: _____ Date: _____