



**Make-up Exam**

**FPLX-15A**

Site: .....

Coordinator's Authorization

Date: .....

Student's name: .....

Level: .....	Schedule: .....
<input type="checkbox"/> Quiz 1	<input type="checkbox"/> Quiz 2
<input type="checkbox"/> Reading	<input type="checkbox"/> Listening
<input type="checkbox"/> Quiz 3	<input type="checkbox"/> Oral
<input type="checkbox"/> Writing	<input type="checkbox"/> Final

Make-Up Exam Date: .....

Time: ..... # of Absences: .....

Teacher's Name + signature

**NOTE: Make-up exams are worth 10% less.**



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