



Make-up Final Exam Appeal Form

If you are unable to take your timed in-classroom final exam, proctored distance final exam or timed online final exam as scheduled, you may appeal to the Make-up Examination Committee for the opportunity to take a make-up final exam. Your complete appeal must meet the criteria below.

Compelling and extenuating reason

Your reason for missing the final exam is compelling and extenuating. The Make-up Examination Committee does not consider lack of preparation, negligence or vacations to be extenuating.

Documentation

Two pieces of supporting documentation are required with the exception of medical documentation. Documentation must be on letterhead paper, be written in English, be signed by the appropriate person in an official capacity, confirm the reason you missed your exam and include travel information, if relevant. Medical documentation must be in the form of a letter that describes the illness, specific dates of the illness and the functional limitations that affected your ability to take the final exam as scheduled. It must be written and signed on your medical provider's letterhead and be based on an examination within two days of a missed exam. Documentation will not be returned.

Academic standing

You must be in good academic standing to be eligible for a make-up final exam. This means that, except for the final exam, you have met all the course requirements including the attendance and participation requirements.

Deadline to submit a make-up final exam appeal:

Three calendar days from the missed exam (including Saturday and Sunday)

Instructions

- Contact Academic Services before submitting an appeal.
- Complete the Make-up Final Exam Appeal Form. Provide a hand-signed statement as directed on page 3.
- Provide a nonrefundable \$25 fee for each make-up final exam requested by completing and hand-signing the Make-up Final Exam Appeal Fee Payment Form. Personal checks are not accepted. This fee is nonrefundable even if you cancel your appeal.
- Include your supporting documentation.
- If you permanently live or move outside of the six-state New England area, you may appeal to take a make-up final exam *in absentia* by providing proctor information on the Make-up Final Exam Appeal Form. Your proctor must be an instructor or administrator at a school, college, university or educational testing center. Your proctor cannot be a family member, friend, co-worker or librarian. You are responsible for identifying a qualified proctor to administer your make-up final exam and for any fees incurred. For assistance identifying a proctor, contact a guidance counselor, academic advisor, dean of students or registrar's office at a local school, college, university or educational testing center.
- Deliver, fax or scan and e-mail your complete appeal to Academic Services.

Please note:

- Only complete appeals will be considered. Incomplete appeals will be canceled.
- Please consult extension.harvard.edu or summer.harvard.edu for the schedule of make-up final exam dates.
- As part of the appeal process, the Student Appeals Specialist will contact your instructor to verify your academic standing in the course.
- Appeal materials are confidential and are only shared with members of the Make-up Examination Committee.
- The Make-up Examination Committee meets three times each term to consider appeals: once the week before the final exam period, once during the final exam period and once the week after the final exam period.
- You will be notified of the Committee's decision by e-mail.
- If your appeal is approved, you will continue to have access to online lecture videos (if available) until the make-up final exam date.
- If you do not take your final exam as scheduled and your appeal is not approved, you will receive a grade of zero for the final exam. This zero will be calculated into your final grade.

Please keep this page for your information.



HARVARD DIVISION OF CONTINUING EDUCATION

Harvard Extension School • Harvard Summer School

Academic Services • 51 Brattle Street, Cambridge, MA 02138-3722 • (617) 495-0977 • fax (617) 495-3662 • appeals@dcemail.harvard.edu

Make-up Final Exam Appeal Form

Please clearly print all information

| | | |
|----------------------|----|-------------------------------------|
| DCE ID NUMBER | OR | HARVARD ID NUMBER (if known) |
| @ | | |

(see www.extension.harvard.edu/login if unsure)

| STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo identification) | | |
|---|---------------------|----------------|
| Last/Family/Sur name(s) | First/Given name(s) | Middle name(s) |

| PRESENT ADDRESS (number, street, and apartment number) | | | |
|---|--|----------------|---|
| Street | | | |
| City | | State/Province | Zip/Postal code |
| Country (if not US) | Telephone number (including area/country code) | | Cell phone number (including area/country code) |
| E-mail address (Must be student's personal and unique address. Please provide only one e-mail address.) | | | |
| | | | |

List the course(s) for which you are requesting a make-up final exam. Follow the example below.

| 5-Digit course number | Subject | Subject number | Course title (and section number, if applicable) | Credit status* | Exam date and time |
|-----------------------|---------|----------------|---|----------------|--------------------|
| 1 2 7 1 3 | ENGL | E-102 | Introduction to Old English Literature (<i>example</i>) | UN | December 16, 5:30 |
| | | | | | |
| | | | | | |
| | | | | | |

* Credit status: (UN) undergraduate, (GR) graduate

| PROCTOR INFORMATION (for appeals to take make-up final exams <i>in absentia</i> only) | | | |
|---|----------------|---------------------------|---------------------|
| Last/Family/Sur name(s) | | First/Given name(s) | |
| Title | | Business telephone number | |
| Business e-mail address | | Business fax number | |
| School name | | | |
| School address | | | |
| City | State/Province | Zip/Postal code | Country (if not US) |

Deadline to submit a make-up final exam appeal:
 Three calendar days from the missed exam (including Saturday and Sunday)

| STUDENT FULL LEGAL NAME* (exactly as printed on your passport or other government-issued photo identification) | | |
|--|---------------------|----------------|
| Last/Family/Sur name(s) | First/Given name(s) | Middle name(s) |

Detail why you missed your exam. Include all relevant facts and dates. Limit your statement to no more than two pages using the back of this page if necessary.

| | |
|---|------------|
| I certify that all of the above information is true and complete to the best of my knowledge. | |
| Signature _____ | Date _____ |

Make-up Final Exam Appeal Fee Payment Form

Use this form to provide a nonrefundable make-up final exam appeal fee of \$25 for each make-up final exam requested.

Please clearly print all information.

| | | | |
|---|-------------------------------------|--|---|
| DCE ID NUMBER (if known) | HARVARD ID NUMBER (if known) | DATE OF BIRTH example: JAN 01 1997 | |
| @ | OR | Month (MMM) | Day (DD) |
| <small>(see www.extension.harvard.edu/login if unsure)</small> | | | |
| FULL LEGAL NAME (exactly as printed on your government-issued ID) | | | |
| Last/Family/Sur name(s) | | First/Given name(s) | Middle name(s) |
| PRESENT ADDRESS (number, street, and apartment number) | | | |
| Street | | | |
| City | | State/Province | Zip/Postal code |
| Country (if not US) | | Telephone number (including area/country code) | Cell phone number (including area/country code) |
| E-mail address (Must be student's personal and unique address. Please provide only one e-mail address.) | | | |

Payment type (check one):

- Investment/Trust fund check* Money order* Credit card (see below)

* Please make payable to Harvard University. Include your name and date of birth on the check or money order.

Payment by credit card

You must complete all of the following sections before your registration can be processed.

| | | |
|--|---|---|
| AUTHORIZATION You must check the authorization box and enter the amount to be charged. | | |
| <input type="checkbox"/> I authorize Harvard University to charge my credit card in the amount of \$_____. | | |
| CARD | CARD NUMBER | EXPIRATION DATE example: JUN 20 15 |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover | | Month (MMM) Year (YYYY) |
| | SECURITY CODE† | |
| | <small>† The credit card security code is found either on the back of the card, as the last three digits printed on the signature strip, or, for American Express, as a four-digit code found on the front of the card, above and to the right of the credit card number.</small> | |
| CARDHOLDER'S NAME (please print) | CARDHOLDER'S SIGNATURE | |
| | | |
| CARDHOLDER'S BILLING ADDRESS | | |
| Street | | |
| City | State/Province | Zip/Postal code |
| Country (if not US) | Cardholder's telephone number (including area/country code) | |

| | |
|---|------------|
| I certify that all of the above information is true and complete to the best of my knowledge. | |
| Signature _____ | Date _____ |