

Mr. Boito

Test/Quiz Make Up Request

If you wish to make up a test or quiz which you have missed or are retaking,
please print, complete and turn in this form

Name _____

Class OCL Algebra 1

OTR Geometry

Original test/quiz Title _____

Date _____

Date you wish to take the test/quiz _____

Monday Tuesday Wednesday Thursday Friday
 Homeroom Period 1 Period 2 Period 4 Period 5*
 Period Period 7 Period 8 After School

My Periods 5 or 6 May not match yours.

☞ If you are retaking a test/quiz, attach the original to this form.

Detach and keep for yourself to remind you.

REMINDER

I AM MAKING UP A TEST/QUIZ FOR MR. BOITO

DATE	DAY	PERIOD