MA 237/238 — 2020 Spring — Dr. Clontz

Name:				
J#:	Class:	Office Reas	Office Reassessment Form	
Date:	Team:			
Standard:			Mark:	
			Instructor Only	
Check each box to confirm.				
• My status in the course is Activ	ve: 🗆			
• I previously received a mark of	(i) or better for this	standard. \square		
• This standard will not be assess	sed in class this weel	к: 🗆		
• I have not already submitted th	nree Office Reassessn	nent forms this wee	ek. 🗆	
• I have not already earned two v	s from Office Reass	essments this week	к. 🗆	
• I have attached at least five contains about them.	v	cises related to the	is standard and	

If you meet all these requirements, bring this form to the instructor's office hours to attempt a new exercise related to this standard for credit.

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Name:				
J#:		Class:	Office Reassessment Form	
Date:		Team:		
Standard:				Mark:
				Instructor Only
Check each bo	ox to confirm.			
• My stat	us in the course is Active: \square			
• I previo	usly received a mark of (i) or	better for this stand	dard . \square	
• This sta	ndard will not be assessed in	n class this week: \square		
• I have n	ot already submitted three (Office Reassessment f	orms this we	ek. 🗆
• I have n	ot already earned two \sqrt{s} from	om Office Reassessme	ents this weel	k. □
	attached at least five correct questions about them. \square	ly worked exercises	related to th	is standard and

If you meet all these requirements, bring this form to the instructor's office hours to attempt a new exercise related to this standard for credit.