

MTH 299 Waiver Exam Form

Student Name: _____

Student MSU Email: _____ @msu.edu

Student PID: A _____

Date/Time for Start of Exam: _____

I understand and agree that:

- I can only take the waiver exam once and have prepared as best I could using material provided at https://math.msu.edu/Classes/mth_299/mth_299_waiver/Default.aspx .
- I must pass both portions of the exam to waive MTH 299.
- If I do not pass the multiple choice portion then I will not be permitted to take the written portion.
- I will be emailed my score typically within one week of taking the exam.
- I can view my graded exam by going to C212 but that all grading decisions are final.

Student Signature: _____

For office use only:

Multiple Choice Exam Score: _____/25

Graded by: _____

Written Exam Score: _____/70

Graded by: _____

Student emailed results? **Y / N**