

EXAM RESCHEDULING FORM

*Rescheduled examinations will be scheduled to the closest make-up date **after** the missed examination*

NAME: _____ DATE: _____ ID#: _____
 (please print)
 TELEPHONE #: HOME _____ WORK _____ EMAIL _____

I request to reschedule my _____ exam with Professor _____

My request to reschedule is for the following reasons:

- ___ I have three exams within 48 hours
- ___ I have two exams on the same day and time
- ___ Other (please describe and attach supporting documentation) _____
- _____
- _____
- _____

LIST YOUR **COMPLETE** EXAM SCHEDULE FOR THIS SEMESTER BELOW
 (Include papers and take-home exams)

COURSE w/SECTION	PROFESSOR	DATE & TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Student Signature

For office use only

ACTION ON REQUEST:

_____, 20_____
 Date

 Director of Student Services