

REQUEST TO RESCHEDULE AN EXAMINATION

Semester: _____

Date: _____

Student's name: _____ Student ID # _____

Reason(s) for rescheduling:

_____ Two exams scheduled on the same day and/or the same time **OR** exams on three consecutive days (specify):

| Course Code/Sec | Title | Exam Date | Time |
|-----------------|-------|-----------|------|
|-----------------|-------|-----------|------|

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_____ Other (please explain):

Please specify below which exam is to be rescheduled. Administrative regulations require that you reschedule the examination with the **lower** enrollment. Exception: If one of the exams is a one-day take home, it is the take-home exam that will be rescheduled.

| Course Code/Sec | Title | Exam Date | Time |
|-----------------|-------|-----------|------|
|-----------------|-------|-----------|------|

You must request to reschedule this exam for the next available day that you do not have an exam (excluding Sunday).

| Day | Date | Preferred Time (AM/PM) |
|-----|------|------------------------|
|-----|------|------------------------|

Please indicate if you have an approved accommodation (disability or ESL)?

___ Yes

___ No

Will you be using Exam Soft?

___ Yes

___ No

ANY REQUEST TO TAKE AN EXAM EARLY MUST BE ACCOMPANIED BY A PETITION TO THE COMMITTEE ON STANDARDS.

Please turn in your petitions in a timely manner to the Registrar's Office. This form must be on file in the Registrar's Office no later than the last day of classes.