

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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Course Code/Sec	Title	Exam Date	Time
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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
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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)
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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.