EXAM RESCHEDULING REQUEST
COMPLETED FORM MUST BE SUBMITTED TO DEBBIE LOVE IN THE DEAN’S OFFICE BY 5:00 PM ON FRI., APRIL 4, 2014.

Name:________________________________________ Email Address:________________________________________

**Rescheduling Request Due to Conflicting Exams**

Please list your conflicting exams, along with the date and time for those exams. You must also obtain the signature of the professor who has agreed to have his/her exam rescheduled.

Course/Exam:________________________________________ Date:_____________ Time:_____________

Course/Exam:________________________________________ Date:_____________ Time:_____________

Exam being rescheduled:________________________________________

Instructor’s Signature (granting permission)________________________________________

**Rescheduling Request for Other Reasons**

Please identify the course/exam that you seek to have rescheduled, along with the scheduled date and time for the exam. You must also explain the basis for your request or attach an explanation.

Course/Exam:________________________________________ Date:_____________ Time:_____________

Basis for Request:________________________________________

________________________________________ Instructor’s Signature (granting permission)

**Rescheduled Exam Date: (Note - Your exam must be rescheduled for one of these dates/times.)**

_____ May 7, 1:30 PM   _____ May 13, 9:00 AM   _____ May 13, 1:30 PM   _____ May 14, 9:00 AM

Will you be using a computer to take this makeup examination?  _____ Yes   _____ No
(applicable only to exams on which computers are permitted)

I understand Honor Code obligations apply to any rescheduled exam. I realize any discussion about an exam with students who have taken it before me or who will take it after me constitutes an Honor Code violation.

STUDENT SIGNATURE __________ DATE __________
APPROVED: Lonnie T. Brown, Jr. __________ DATE __________