

## EXAM RESCHEDULING REQUEST

COMPLETED FORM MUST BE SUBMITTED TO TINA WHITEHAIR IN THE  
DEAN'S OFFICE BY 5:00 PM ON FRIDAY, MARCH 31, 2017

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Rescheduling Request Due to Same-Day 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 Extraordinary Circumstances

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:** Your makeup exam will be scheduled on one of the dates below. If you have another exam on any of these dates, please so indicate by writing the course name on the appropriate line.

Wed, May 10 at 1:30 PM – Conflict: \_\_\_\_\_ Tue, May 16 at 9:00 AM – Conflict: \_\_\_\_\_

Tue, May 16 at 1:30 PM – Conflict: \_\_\_\_\_ Wed, May 17 at 9:00 AM – Conflict: \_\_\_\_\_

**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: \_\_\_\_\_  
**Associate Dean Lori Ringhand** **DATE**

You will receive an email notifying you of whether your request has been approved, and if so, the date, time and location for your makeup exam.