

**EXAM RESCHEDULING REQUEST**  
**COMPLETED FORM MUST BE SUBMITTED TO DEBBIE LOVE IN THE**  
**DEAN'S OFFICE BY 5:00 PM ON FRI., NOVEMBER 11, 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:** Please indicate whether you have an exam that conflicts with any of the following scheduled makeup exam days. Your makeup exam will be scheduled on one of the available dates below.

Dec. 10 at 1:30 PM – Conflict - \_\_\_\_\_ Dec. 16 at 9:00 AM – Conflict - \_\_\_\_\_

Dec. 16 at 1:30 PM – Conflict - \_\_\_\_\_ Dec. 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 Lonnie T. Brown, Jr.**

\_\_\_\_\_  
**DATE**

**You will receive an email notifying you of the date, time and location for your makeup exam.**