EXAM-RESCHEDULING REQUEST

COMPLETED FORM MUST BE SUBMITTED TO LAUREN THOMPSON OR AMY WEAVER IN THE DEAN'S OFFICE BY 5:00 PM ON TUESDAY, NOVEMBER 7, 2023.

| Name: | UGA Email Address: | | | | |
|--|--|--------------------------|-------------|------------------------|--|
| | Rescheduling F | Request Due to Confl | licting Exa | <u>ams</u> | |
| signature of t | ur conflicting exams, along with the professor who has agreed to te on the instructor-signature li | have their exam resche | | | |
| Course/Exam: | : | Date: | | Time: | |
| Course/Exam: | : | Date: | | Time: | |
| Exam being re | escheduled: | | | | |
| Instructor's si | gnature (granting permission): | | | | |
| | Rescheduling Rec | uest for Other Excer | otional Re | <u>easons</u> | |
| exam. You mu | y the course/exam that you seek ust also explain the basis for your on the instructor-signature line. | | _ | | |
| Course/Exam: | : | Date: | | Time: | |
| Basis for requ | est: | | | | |
| Instructor's si | gnature (granting permission): | | | | |
| scheduled ma | ed Exam Date: Please indicate akeup exam days. Your makeup exam days. | xam will be scheduled on | one of the | available dates below. | |
| Wed, Nov 29 at 1:30pm – Conflict: Wed, Dec 6 at 1:30pm – Conflict: Mon, Dec 11 at 9:00am – Conflict: | | | | | |
| I understand | Honor Code obligations apply s who have taken it before me | to any rescheduled exar | | - | |
| STUDENT SIGNATURE | | | DATE | | |
| APPROVED: | ASSOCIATE DEAN FOR ACADEM | IC AEEAIDS | DATE | | |
| DECCLIED!" | | io a i ano | PAIL | | |
| KE2CHEDULE | D EXAM DATE: | | | | |

Please ensure that your request falls within the <u>exam rescheduling parameters</u> outlined in the Student Handbook.

Requests will not be considered until after November 7, 2023.