

EXAM-RESCHEDULING REQUEST

COMPLETED FORM MUST BE SUBMITTED TO CATHY DASHER OR AMY WEAVER
IN THE DEAN'S OFFICE BY 5:00 PM ON TUESDAY, APRIL 12, 2022.

Name: _____ UGA 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 their exam rescheduled. If neither professor will agree, please state on the instructor-signature line.

Course/Exam: _____ Date: _____ Time: _____

Course/Exam: _____ Date: _____ Time: _____

Exam being rescheduled: _____

Instructor's signature (granting permission): _____

Rescheduling Request for Other Exceptional 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. If your instructor will not agree, please state on the instructor-signature line.

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.

Wed, May 4 at 1:30pm – Conflict: _____ Fri, May 6 at 1:30pm – Conflict: _____

Mon, May 9 at 1:30pm – Conflict: _____ Thurs, May 12 at 1:30pm – Conflict: _____

Fri, May 13 at 1:30pm – 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 FOR ACADEMIC AFFAIRS

DATE

RESCHEDULED EXAM DATE: _____

If your request is approved, you will receive an email notifying you of the date, time, and location of your rescheduled exam.