

REQUEST TO RESCHEDULE AN EXAMINATION

Semester: _____

Date: _____

Student's name: _____ Student ID # _____

Reason(s) for rescheduling:

_____ Two exams scheduled on the same day and/or the same time **OR** exams on three consecutive days (specify):

Course Code/Sec	Title	Exam Date	Time
-----------------	-------	-----------	------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____ Other (please explain):

Please specify below which exam is to be rescheduled. Administrative regulations require that you reschedule the examination with the **lower** enrollment. Exception: If one of the exams is a one-day take home, it is the take-home exam that will be rescheduled.

Course Code/Sec	Title	Exam Date	Time
-----------------	-------	-----------	------

You must request to reschedule this exam for the next available day that you do not have an exam (excluding Sunday).

Day	Date	Preferred Time (AM/PM)
-----	------	------------------------

Please indicate if you have an approved accommodation (disability or ESL)?

___ Yes

___ No

Will you be using Exam Soft?

___ Yes

___ No

ANY REQUEST TO TAKE AN EXAM EARLY MUST BE ACCOMPANIED BY A PETITION TO THE COMMITTEE ON STANDARDS.

Please turn in your petitions in a timely manner to the Registrar's Office. This form must be on file in the Registrar's Office no later than the last day of classes.