

EXAMINATION RESCHEDULE REQUEST
UPPER LEVEL ONLY

NAME: _____

TODAY'S DATE: _____

IMPORTANT -- RESCHEDULED EXAMS ARE GIVEN ONLY AT SPECIFIED TIMES DURING EXAM WEEK. PLEASE REFER TO THE EXAM SCHEDULE POSTED FOR THE QUARTER FOR THESE TIMES.

I request to reschedule my _____ examination.

If possible, I would like to take my rescheduled examination on: _____ during the specified exam rescheduled time.

IF YOU HAVE REQUESTED COMPUTER USE FOR EXAMS, PLEASE CHECK HERE _____

My request to reschedule is for the following reason:

_____ I have three examinations in a row.

_____ I have two examinations on the same day.

_____ Other (Please describe _____

My **current** exam schedule is as follows: Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

I am enrolled in the following other courses this quarter:

Student Signature

APPROVED: _____
Assistant Dean of Academic and Student Affairs

Date _____