

EXAM RESCHEDULE REQUEST FORM

(Requests due to our Registrar, Dave Bluemel, no later than 2 weeks prior to the first day of exams)

Name of Student: _____

List ALL exams currently scheduled:

List ALL exams requesting to be rescheduled (and suggest a reschedule date/time):

Reason for reschedule request (check one):

1. Two exams on one day _____
2. Three exams in three consecutive days _____
3. Four exams in five consecutive days* _____

Please note: Students who have six final exams cannot be provided relief due to the limited number of exam days. Efforts will be made, however, to distribute the six exams so as to avoid three in a row.

Action Taken:

Lindsay A. Hoyt
Assistant Dean for Student Affairs