EXAM RESCHEDULE REQUEST FORM
(Requests due to our Registrar, Vonnie Jordan, no later than 2 weeks prior to your 1st exam)

Name of Student: ______________________________________________________________

List ALL exams currently scheduled:

List ALL exams requesting to be rescheduled:

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: _______________________________________________________________

James M. Delaney
Associate Dean of Academic Affairs