

# EXAM RESCHEDULE REQUEST FORM

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

Name of Student: \_\_\_\_\_

List ALL exams currently scheduled (include date/time):

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 \_\_\_\_\_
4. Other, please explain \_\_\_\_\_  
\_\_\_\_\_

**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.

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**Action Taken:**

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Dave Bluemel  
Registrar