

EXAM RESCHEDULING PETITION
Please print, complete and submit to Dean Kurtz

Name: _____ Message Box: _____ Email Address: _____

COMPLETED FORM MUST BE SUBMITTED TO DEAN KURTZ'S OFFICE BY APRIL 22

Listed below are the two exams which have been scheduled for the same day or the exam for which rescheduling is being sought for other reasons. (If two exams are scheduled for the same day, signatures of both professors must be obtained. If rescheduling is sought for reasons other than a conflict between two exams, **a full explanation must be attached to and submitted with this form.**

EXAM	DATE/TIME ORIGINALLY SCHEDULED	PROFESSOR'S SIGNATURE

Exam Being Re-Scheduled: _____

Instructor: _____

EXAMS SHOULD BE RE-SCHEDULED FOR THE MAKE-UP PERIODS DESIGNATED ON THE EXAM SCHEDULE; IT IS ESPECIALLY IMPORTANT THAT ANY MAKEUP TO BE TAKEN ON A COMPUTER BE SCHEDULED FOR ONE OF THESE SLOTS

Re-Scheduled Test Date:

____ May 11, 1:30 PM

____ May 17, 1:30 PM

____ May 18, 9:00 AM

Other _____

I INTEND TO USE MY COMPUTER TO TAKE THIS MAKEUP EXAMINATION (applicable only to exams on which computers can be used)

Yes _____ No _____

I understand Honor Code obligations apply to any re-scheduled exam. I realize any discussion about an exam with students who have taken it prior to me or with students who will take it after me constitutes an Honor Code violation.

STUDENT SIGNATURE

DATE

APPROVED:

PAUL M. KURTZ ASSOCIATE DEAN