

EXAM RESCHEDULING REQUEST
COMPLETED FORM MUST BE SUBMITTED TO DEBBIE LOVE IN THE
DEAN'S OFFICE BY 5:00 PM ON FRI., NOVEMBER 7, 2014.

Name: _____ Email Address: _____

Rescheduling Request Due to Conflicting Exams

Please list your conflicting exams, along with the date and time for those exams. You must also obtain the signature of the professor who has agreed to have his/her exam rescheduled.

Course/Exam: _____ Date: _____ Time: _____

Course/Exam: _____ Date: _____ Time: _____

Exam being rescheduled: _____

Instructor's Signature (granting permission): _____

Rescheduling Request for Other Reasons

Please identify the course/exam that you seek to have rescheduled, along with the scheduled date and time for the exam. You must also explain the basis for your request or attach an explanation.

Course/Exam: _____ Date: _____ Time: _____

Basis for Request: _____

Instructor's Signature (granting permission): _____

Rescheduled Exam Date: Please indicate whether you have an exam that conflicts with any of the following scheduled makeup exam days. Your makeup exam will be scheduled on one of the available dates below.

Dec. 10 at 1:30 PM – Conflict - _____ Dec. 16 at 9:00 AM – Conflict - _____

Dec. 16 at 1:30 PM – Conflict - _____ Dec. 17 at 9:00 AM – Conflict - _____

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

STUDENT SIGNATURE

DATE

APPROVED: _____

Associate Dean Lonnie T. Brown, Jr.

DATE

You will receive an email notifying you of the date, time and location for your makeup exam.