

EXAM RESCHEDULING REQUEST

COMPLETED FORM MUST BE SUBMITTED TO AMY WEAVER IN THE DEAN'S OFFICE
BY 5:00 PM ON TUESDAY, NOVEMBER 9, 2021.

Name: _____ UGA 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 their 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.

Wed, Dec 1 at 1:00pm – Conflict: _____ Mon, Dec 6 at 1:00pm – Conflict: _____

Thurs, Dec 9 at 1:00pm – Conflict: _____ Fri, Dec 10 at 1:00pm – 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 FOR ACADEMIC AFFAIRS

DATE

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