**EXAM-RESCHEDULING REQUEST**COMPLETED HARD-COPY FORM MUST BE SUBMITTED TO LAUREN THOMPSON OR AMY WEAVER IN THE DEAN’S OFFICE BY 5:00 PM ON TUESDAY, April 8, 2025.

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. If neither professor will agree, please so state on the instructor-signature line.

Exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam being requested for rescheduling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s signature (granting permission): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rescheduling Request for Other Exceptional 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 on this form or attach an explanation to this form. You must explain to the professor responsible for the exam you seek to have rescheduled the basis for your request, and obtain the professor’s signature indicating agreement with the rescheduling. If your professor will not agree, please so state on the instructor-signature line.

Course/Exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basis for request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s signature (granting permission): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Makeup Day Conflicts**

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, Apr 30 at 1:30pm: |  | Tues, May 6 at 1:30pm: |  | Fri May 9 at 9:00am: |  |

**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** |

|  |  |
| --- | --- |
| **RESCHEDULED EXAM DATE:** |  |