



FORMS
Examination Reschedule Request
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**This form should be used by a student before a scheduled examination. This form is not to be used to make up an examination after the student has already missed an examination due to an emergency. It is the faculty member's responsibility to secure a time and place for the examination. Only in extreme cases, should a test proctor administer the examination in place of the faculty member.*

Student's Name: _____

Course Title and Number _____

Faculty Member _____

Date _____

Please allow me to take my _____ examination that is scheduled for
Course Title
_____ on _____ in Room _____.
Original Date New Scheduled Date Location

(I understand by requesting an alternative time for my examination that the new examination I take may be an alternative form of the original examination.)

Student's Signature: _____ Date: _____

Faculty Member's Signature: _____ Date: _____

**Please place a copy of this signed form in the student's academic file.*