Request to Reschedule Exams

Name: ____________________________________________

Reminders:
1. You may apply to reschedule an exam only for these circumstances: a medical or psychological emergency; a family member’s death, illness, or injury; an immediate family member’s wedding. Exams are not rescheduled for students’ travel plans. (Use the Conflict Exam form if you have two exams at the same time or more than two in a day.)
2. Fill in this form and submit it to the Registrar’s Office.
3. Permission is granted at the discretion of the Registrar after consultation with the course instructor.
4. If permission is granted, the Registrar’s Office will send you the date, time, and location of the rescheduled exam.
5. A $100 processing fee will be charged to your account.

NOTE: The time of specific exams within the exam schedule is subject to change.

I am applying to reschedule the following exam(s):

______________________________________________________________________________

Instructor: ____________________________ Instructor: ____________________________

Preferred reschedule:
Date: ________________________________ Time: ________________________________

Reason for Rescheduling:
☐ Medical emergency (includes specialist appointments; if possible, attach doctor’s note)
☐ Psychological emergency (if possible, attach doctor’s note)
☐ Family member’s death, illness, or injury
☐ An immediate family member’s wedding

Explain briefly (include date for wedding, specialist’s appointment, &c.): __________________________________

____________________________________________________________________________________________

Confidentiality: I will not disclose any details of the exam(s) to others. Breaking this commitment will result in automatic failure of the course as well as other discipline.

Your Signature: ____________________________ Date: ____________________________

Registrar’s Office