

Request to Reschedule Exams

Name:			
Reminders			
1.			
2			
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 appl	ying to reschedule the following exam(s):		
	Instructor:		
	Instructor:		
Date:	Time:		
☐ Med ☐ Psy ☐ Fan	or Rescheduling: dical emergency (includes specialist appointments; if possible, attach doctor's note) chological emergency (if possible, attach doctor's note) nily member's death, illness, or injury immediate family member's wedding		
Explain brie	fly (include date for wedding, specialist's appointment, &c.:		
commitme	tiality: I will not disclose any details of the exam(s) to others. Breaking this ent will result in automatic failure of the course as well as other discipline. The state of the exam(s) to others. Breaking this ent will result in automatic failure of the course as well as other discipline. Date:		

OFFICE USE ONLY			
Instructor consulted:	Registrar's approval:		
Time set, proctor found for rescheduled exams:	Instructor notified:		
Student notified:	Processing fee charged:		
Date, time, location of the rescheduled exams:			