# Request to Reschedule Exams

**Name:**

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**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.

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

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

<table>
<thead>
<tr>
<th>Instructor:</th>
<th>Instructor:</th>
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</table>

**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.): ____________________________

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**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: ____________________________

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<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
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</thead>
<tbody>
<tr>
<td>Instructor consulted:</td>
</tr>
<tr>
<td>Time set, proctor found for rescheduled exams:</td>
</tr>
<tr>
<td>Student notified:</td>
</tr>
<tr>
<td>Date, time, location of the rescheduled exams:</td>
</tr>
</tbody>
</table>