

CHANGE IN EXAMINATION REQUEST

Limit one course per form

DEADLINE: Monday noon, May 14th, 2012
(Return this form to the Registrar's Office)

NAME _____ **P.O. BOX** _____ **DATE** _____

Complete ALL of the following:

1) Course ID: _____ . _____ Title: _____

Instructor Name: _____

2) Indicate in the space provided why it is necessary for the examination schedule to be changed for you:

3) Indicate the arrangements the instructor is willing to administer an exam to you at an alternate time*. **Monday is a reading day and not an approved day to reschedule exams.**

Current Exam Time

Alternate Exam Time

4) **Instructor** signature _____

Comments:

*NOTE: Changes in examination times are granted at the sole discretion of the course instructor. All exams must be taken by 5:00 p.m. on the last day of exams week.