CHANGE IN EXAMINATION REQUEST
Limit one course per form

DEADLINE: Monday noon, December 17, 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.