

REQUEST FOR CHANGE OF EXAM DATE

*This form must be completed, signed, and submitted by the deadline (see academic calendar)
~ ~ ~ Submit to: Office of the Provost, 3rd Floor Harper Hall ~ ~ ~*

Name of Student _____ Student's ID number _____ - _____ - _____

Course title _____ Course prefix and number _____

Instructor's name _____ **CURRENT** EXAM DATE AND TIME _____ / _____

THE **NEW** DATE AND TIME YOU ARE REQUESTING _____ / _____

REASON FOR REQUESTING THE CHANGE OF EXAM DATE

Check all that apply:

Bereavement

Multiple exams

Medical emergency

REQUIRED – Written explanation of why a change of exam date is needed:

Student's signature _____ Date signed _____

INSTRUCTOR'S APPROVAL OR DENIAL

APPROVED

DENIED

Comments:

Instructor's name (print) _____ Instructor's signature _____

Date signed by instructor _____

ADVISOR'S APPROVAL OR DENIAL

APPROVED

DENIED

Comments:

Advisor's name (print) _____ Advisor's signature _____

Date signed by advisor _____

PROVOST AUTHORIZATION

APPROVED

DENIED

COMMENTS:

SIGNATURE _____ DATE _____