

## College of Liberal Arts and Human Sciences

### Request to Change Examination Time

#### Instructions:

1. Complete the form and return it to 238 Wallace Hall no later than 5:00 p.m. , Nov. 20, 2009. Be certain you sign the form and **your instructor(s) of the course(s) for which you are requesting a change** signs it before returning it to the Associate Dean's Office.
2. For **3 exams** scheduled to begin within 24 hours, you may request **1 change**, for **4 exams** beginning within 24 hours, you may **change 2**. (7:45 a.m. on Tuesday to 7:45 a.m. on Wednesday does not constitute 3 exams within 24 hours. See exam schedule in the Timetable of Classes.)
3. Check whether one of your instructors has another section of the same course; if one does, ask if you may reschedule your exam to take it with that section. If you may do so, have the instructor indicate approval in the appropriate space. If no instructor has a section with which you may take the exam, but one of the instructors is willing to give you a special exam, have that instructor indicate approval. If no instructor will approve a change, come to the Associate Dean's Office, 238 Wallace.
4. After the Dean's Office has approved the change, a copy of this form will be sent to the instructor involved with the approval noted in the appropriate space. If the Dean's office disapproves the change, you and the instructor will be contacted.

Name	Student Number	Major	Semester / Year
E-Mail Address		Local Telephone	

- I request an examination time change based on having three (3) or more exams which begin within 24 hours.
- I request an examination time change because (explain): \_\_\_\_\_

**PLEASE LIST THE EXAMS YOU HAVE SCHEDULED WITHIN A 24-HOUR PERIOD**

Index #	Dept. & Course No.	Current Exam Date & Time	New Date & Time	Change Approved (Instructor's Signature)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the information provided is correct and I understand that any misrepresentation may constitute an Honor code violation.

\_\_\_\_\_  
Student's Signature & Date

Request to change exam is

Approved   
Denied

\_\_\_\_\_  
Associate Dean's Office Signature & Date

**NOTICE TO INSTRUCTORS**

If you have signed the attached form in approval to change the student's examination time please provide the information below. You will receive a copy of the attached form after it is reviewed by the Associate Dean. Thank you for your assistance.

Dept. & Course Number code)	Instructor's Name (Printed)	Mailing Address (Including mail
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTICE TO INSTRUCTORS**

If you have signed the attached form in approval to change the student's examination time please provide the information below. You will receive a copy of the attached form after it is reviewed by the Associate Dean. Thank you for your assistance.

Dept. & Course Number code)	Instructor's Name (Printed)	Mailing Address (Including mail
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____