

# PETITION TO RESCHEDULE AN EXAMINATION

**STUDENT INFORMATION**

STUDENT IDENTIFICATION NUMBER

7 \_ \_ \_ \_ \_

Name (Please Print): Mr./Ms. \_\_\_\_\_

Previous name(s): \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_

Please Circle Your Status

1	2	3	4	5		Day / Eve
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\_\_\_\_\_ 20\_\_\_\_\_  
Semester

**HAVE YOU RESCHEDULED AN EXAM DURING ANY PREVIOUS SCHOOL TERM?**

YES  NO  FA SP SU \_\_\_\_\_ (YR)

(Circle Term if Yes)

An examination may only be rescheduled for one of the following reasons:

- 1) A time conflict between two examinations, which is defined as two or more examinations scheduled on the same calendar day (not within a twenty-four hour period.)  
**Examinations that do not occur on the same calendar day are not considered in conflict and will not be rescheduled.** For example, a morning examination that is directly preceded by an evening examination is not subject to rescheduling.
- 2) Religious observation prevents the student from taking the examination on a particular day.
- 3) The student has a serious illness or other medical emergency OR the student has a death in the immediate family.
- 4) There are extraordinary and compelling circumstances beyond the student's control.

REASON FOR CHANGE 1)  RELIGIOUS 2)  MEDICAL 3)  OTHER

EXAM DETAILS: \_\_\_\_\_  
Course Professor Exam Date

PLEASE EXPLAIN REASON(S) FOR CHANGE AND ATTACH ALL SUPPORTING DOCUMENTATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTR USE ONLY**

APPROVED / DENIED Date: \_\_\_\_\_ By: \_\_\_\_\_

Exam Rescheduled: \_\_\_\_\_  
Date Day Time Room