

**COLLEGE of SCIENCE MAJORS ONLY!**

***DEADLINE: April 14, 2017***

**NOTE: This form should only be used for changing exams due to 3 or more within a 24 hour period or exam conflicts!**

Neither the Dean's Office nor the instructor will allow an exam change due to travel, business, or family plans. **Do not ask!**

**INSTRUCTIONS:**

1. Complete and return form to the College of Science Dean's Office **no later than 5:00pm, April 14, 2017**. Provide ALL requested information. Both YOU and the INSTRUCTOR must sign form before it is submitted for Dean's approval. (**Late forms WILL NOT be accepted!**)
2. For three exams scheduled to begin within 24 hours, you may change one; for four exams scheduled to begin within 24 hours, you may change two. All exams must be taken during final exam week.

**NOTE:** From exam beginning time one day to the same time the next day does **NOT** constitute a 24-hour period. (EX. 7:45 Monday, 2:00 Monday, and 7:45 Tuesday).

3. An instructor may agree to allow you to take your exam with another section of the same course or to reschedule at a time convenient to you both. Have the approving instructor(s) sign in the appropriate place below.
4. **Common time exams cannot be rescheduled.**
5. An email will be sent to the instructor(s) involved and the student.

**PLEASE PRINT**

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 NAME \_\_\_\_\_ ID# \_\_\_\_\_ MAJOR \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

The exams I have scheduled on \_\_\_\_\_, \_\_\_\_\_ are:  
 (days) (dates)

Dept. & Course # & CRN	Time & Day Class Meets	Exam Time	Instructor
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

\*\*\*\*\*

I wish to change the exam in \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_.

**Dean's use only:**  
**Approved**  
 yes no

(1) INSTRUCTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 INSTRUCTOR'S NAME & EMAIL ADDRESS: \_\_\_\_\_

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I wish to change the exam in \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_.

**Dean's use only:**  
**Approved**  
 yes no

(2) INSTRUCTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 INSTRUCTOR'S NAME & EMAIL ADDRESS: \_\_\_\_\_

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

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CC: Instructor (s)  
 Student

\_\_\_\_\_  
**ASSOCIATE DEAN'S SIGNATURE      DATE**