

COLLEGE of SCIENCE MAJORS ONLY!

DEADLINE: April 12, 2019

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 (300 Turner ST NW, NEC Suite 4300) no later than 5:00pm, April 12, 2019. Provide ALL requested information. Both YOU and the INSTRUCTOR must sign the 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. An email will be sent to the instructor(s) involved and the student.
5. Electronic exams (EE) are not considered a conflict with the regular exams due to the length of time they are offered.

PLEASE PRINT

\*\*\*\*\*

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Major: \_\_\_\_\_ Email: \_\_\_\_\_@vt.edu

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

Dept.&Course # 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 TYPED OR PRINTED: \_\_\_\_\_

\*\*\*\*\*

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

Dean's use only:
Approved
yes no

(2) INSTRUCTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTOR'S NAME TYPED OR PRINTED: \_\_\_\_\_

\*\*\*\*\*

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