

College of Agriculture and Life Sciences Majors Only

DEADLINE: November 22, 2013

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 academic dean's office nor the instructor will allow an exam change due to travel, business, or family plans. Please do not ask.

INSTRUCTIONS:

- 1. Complete and return form to the College of Agriculture and Life Sciences academic dean's office (1060 Litton-Reaves) no later than 5:00pm, Nov. 22, 2013. Provide all requested information. Both you and the instructor must sign form before it is submitted for academic 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 upon approval.

PLEASE PRINT

NAME _____ ID# _____ MAJOR _____

LOCAL ADDRESS _____ EMAIL _____

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

Table with 4 columns: Dept. & Course #, CRN #, Exam Day/Time, Instructor. Rows (1) through (4) for exam details.

I wish to change the exam in _____, from _____ to _____.
Dept. & course # original date/time new date/time

Approved by Associate Dean
yes no

(1) INSTRUCTOR'S SIGNATURE: _____ DATE: _____
INSTRUCTOR'S NAME TYPED OR PRINTED: _____

I wish to change the exam in _____, from _____ to _____.
Dept. & course # original date/time new date/time

Approved by Associate Dean
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