

Policy on Multiple Final Examinations in One Calendar Day

**Request for Rescheduling of An Examination to an Alternate Examination Date
Standard Form**

Submission Deadline: End of the fourth week of classes

Please note: the supplemental examination day will be scheduled on the last possible day of the examination period.

Name: _____

Student ID: _____

email: _____

Tel. Number: _____

Faculty: _____

Department: _____

Program: _____

Current Term (i.e. Fall 2003): _____

1. Please provide the following details on the three final examinations scheduled in one calendar day.

Course # and Title	Signature of Instructor	Required, Required Elective, or Open Option	Final Examination Date	Final Examination Time Slot
1.				
2.				
3.				

2. Please indicate preference for which examination to reschedule (if any)*: _____

*[*Note: When possible, student preference for which examination to reschedule to the supplemental examination date will be taken under consideration. However, the matter will be left at the discretion of the Vice-Provost, Students and Registrar whose decision will be final.]*

3. Signature: _____ **Date:** _____

Following the review of your request by the Vice-Provost, Students and Registrar, notification will be sent to you indicating which examination will be rescheduled and the date and time of the supplemental examination.

Return Completed Form to:
Office of Student and Academic Services
322 Chrysler Hall Tower