

# REQUEST TO CHANGE FINAL EXAM TIME

Virginia-Maryland College of Veterinary Medicine - Public Health Program – 262 Wallace Hall

1. Complete and return form to the Public Health Program Undergraduate Office (262 Wallace) **before the deadline set by the Registrar's office** (check the Timetable Calendar for the current semester at <http://registrar.vt.edu/dates-deadlines-accordion/index1.html>).
2. Provide ALL requested information. Both you and the instructor must sign this form before it can be submitted for approval.
3. 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).*
4. 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(s) below.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Term:  Fall  Spring  Summer I  Summer II Year: \_\_\_\_\_

**Check an option and list the conflicting exams below:**

- I have 3 or more exams scheduled in a 24-hour period
- I have conflicting exam times
- I request an exam time change for another reason (attach letter with explanation)

**Please list all exams affected:**

CRN	Course	Exam Date	Exam Time	Instructor

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

*Instructor's name (PRINT):* \_\_\_\_\_

*Instructor's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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

*Instructor's name (PRINT):* \_\_\_\_\_

*Instructor's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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

*Instructor's name (PRINT):* \_\_\_\_\_

*Instructor's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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

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

*For office use only*

Approved:  Denied:  Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_