

# REQUEST TO CHANGE FINAL EXAMINATION TIME UNIVERSITY STUDIES STUDENTS ONLY!

**INSTRUCTIONS:**

1. Type or print clearly.
2. Complete and return form to 117 Femoyer Hall by the deadline posted on our webpage ([www.uaac.vt.edu](http://www.uaac.vt.edu), Quick links – Academic Deadlines). 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!)**
3. Students are eligible to request a change in the time of a final examination if they have 3 or more exams scheduled to begin within 24 hours or if times for 2 exams conflict. Please note: In order to constitute 3 exams within 24 hours, the third exam must be in progress before the end of the 24 hour period. **Common time exams cannot be changed.**
4. If you have 3 exams scheduled to begin within 24 hours, you may change one; if you have 4 exams scheduled to begin within 24 hours, you may change two.
5. 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.
6. A copy of this form will be sent to the instructor(s) involved and the student.
7. Travel plans are NOT an appropriate reason for requesting a change in examination time.

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NAME \_\_\_\_\_ ID# \_\_\_\_\_ DATE: \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_ I request an exam time change because I have 3 or more exams which take place within the same 24 hour period.

\_\_\_\_ I request an exam time change because: \_\_\_\_\_

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

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

(1) INSTRUCTOR’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Director: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_  
Not Approved: \_\_\_\_\_

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

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

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

Director: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_  
Not Approved: \_\_\_\_\_

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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