



Request to Change Final Examination Time

This form should only be used for changing exams due to 3 or more within a 24-hour period or exam conflicts. The Associate Dean of Undergraduate Academic Affairs will not approve an exam change due to travel, business, or family plans. It is at the discretion of the instructor to change an exam time for personal reasons.

Submit completed form electronically at least one day prior to the deadline posted on the University Registrar's website (www.registrar.vt.edu).

For 3 exams scheduled to begin within 24 hours, you may request 1 change, for 4 exams beginning in 24 hours, you may change 2 exam times. (7:45 a.m. on Tuesday to 7:45 a.m. on Wednesday does not constitute 3 exams within 24 hours. See exam schedule in the Timetable of Classes.)

Check whether your instructor has another section of the same course; if one does, ask if you may reschedule your exam to take it with that section. If you may do so, have the instructor indicate approval in the appropriate space. If no instructor has a section with which you may take the exam, but one of the instructors is willing to give you a special exam, have that instructor indicate approval. If no instructor will approve a change, come to the Undergraduate Academic Affairs office in 200 Stanger Street.

If your request is denied, you and the instructor(s) will be contacted.

At least one instructor's signature is required, or the request will not be reviewed.

STUDENT INFORMATION

Student ID Number:

Last Name:

First Name:

VT Email:

Cell Phone Number:

Current Major:

Effective Term:

Fall Spring Summer Winter

Year:

Reason for Change of Final Exam Time:

I have 3 or more exam times scheduled in 24 hours

I have conflicting exam times

EXAM(S) REQUESTED TO BE RESCHEDULED

Department:

Course Number:

CRN:

Course Title:

Current Exam Date:

Time:

New Exam Date:

Time:

Instructor:

Department:

Course Number:

CRN:

Course Title:

Current Exam Date:

Time:

New Exam Date:

Time:

Instructor:

Department:

Course Number:

CRN:

Course Title:

Current Exam Date:

Time:

New Exam Date:

Time:

Instructor:

SIGNATURES OF APPROVAL

Student:

Date:

Instructor:

Date:

At least one instructor's signature is required

Instructor:

Date:

Instructor:

Date:

Associate Dean:

Date:

CLAHS Associate Dean of Undergraduate Academic Affairs

OFFICE USE ONLY

Date Received:

Date Processed:

Processed By: