

## Request to Change Final Examination Time

Student ID No:	Major:
Last Name:	First Name:
VT Email:	Cell Phone Number:

Effective Term (Circle):    Fall    Spring    Summer I    Summer II    Year: \_\_\_\_\_

Check one:  
 I have 3 or more exams scheduled in 24 hours  
 I have conflicting exam times

- 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.
- Complete this form and present it to the instructor of the course(s) for which you are requesting a change for his/her signature.
- Return completed form to 238 Wallace Hall for the Associate Dean of Undergraduate Academic Affairs signature by the deadline posted on the University Registrar's website ([www.registrar.vt.edu](http://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 238 Wallace.
- 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.

List the exams scheduled within a 24-hour period or that you wish to reschedule:						
Department	Course Number	CRN	Current Exam Date & Time	New Exam Date & Time	Instructor's Name	Instructor's Signature (One Required)

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

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

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 CLAHS Associate Dean of Undergraduate Academic Affairs (238 Wallace Hall)

Office Use Only:  
 Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_