

EXAM RESCHEDULE REQUEST FORM

**(Requests due to Assistant Director Misty Franklin
no later than 2 weeks prior to your 1st exam)**

Name of Student: _____

Exams currently scheduled:

Exams requested to be rescheduled:

Reason for reschedule request (check one):

1. Two exams on one day _____
2. Exams on three days in a row _____
3. Four exams in five days _____
4. Other reason, please explain below:

Action Taken:

Misty D. Franklin, Assistant Director of Student Affairs