

Exam Change Request

Student ID #:	Major:
Last Name:	First Name:
@vt.edu email:	Cell phone #:
Effective term (circle): Fall Spring Summer I Summer II Year: _____	
Check one: I have 3 or more exams scheduled in 24 hours I have 2 exams at the same time	

This form should only be used for changing exams due to 3 or more within a 24-hour period or 2 exams at the same time. The Associate Dean of Undergraduate Academic Affairs will not approve an exam change due to travel, business or family plans.

Directions:

1. Complete the top portion of this form.
2. Check with Instructors for the classes in which you have an exam conflict.
3. Determine which exam(s) will be changed (based on alternate times given in #2 above).
4. **Have *only the* Instructor(s) for changed exams times sign form below indicating the new exam date/time, or attach an email from the instructor agreeing to the new exam date/time.**
5. Exams must be made up during exam week and not on Reading Day.
6. 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. **Send the completed form (& Instructor email if necessary) to sebring@vt.edu** prior to or no later than the deadline to request exam change. Incomplete forms will not be processed.

List the exams scheduled within a 24-hour period, or that conflict:

Dept./Course #	CRN	Current Date/Time of Exam	New Exam Date/Time (MAY NOT BE READING DAY!)	Instructor's Name	Instructor's Signature (REQUIRED)

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

If your request is denied, you and the instructor will be contacted. No contact from the Academic Dean's office constitutes approval of the form.

Student Signature: _____ **Date:** _____
(Typed name constitutes signature) Please return completed form to sebring@vt.edu

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