Rescheduled Examination Request

If you need to reschedule an exam due to personal circumstances, religious reasons, or to request additional time due to ESL or a documented disability you should use this form. Please note: All exams must be taken after the original date of the exam.

Date: __________________________

Name: ___________________________ ID #: __________________

Phone Number: ___________________________ Exam #: __________________

Exam to be Rescheduled:

Exam: ___________________________ Instructor: ___________________________ Exam Date: ___________________________ Time: ___________________________

If you are requesting accommodations due to ESL or a documented disability, please complete a separate form for each in class exam that is to be rescheduled. If you are requesting a rescheduling due to personal circumstances or a religious holiday please attach your complete, current exam schedule so that additional conflicts can be avoided.

You will receive an email from Student Services instructing you of your new exam date and time.

Reason exam is requested to be rescheduled:__________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Note: Students taking rescheduled examinations should be advised that all possible steps are taken by the Student Services Office to preserve anonymity for grading purposes.

Please return your completed form to the Student Services Office, Room 119.

mitchellhamline.edu

Last updated December, 2015