Student Name:

Please list all of your classes this semester together with exam dates and times:

Course	Professor	Exam Date & Time

Explain which exam(s) you wish rescheduled and why (see Academic Rule III.K.):

(Attach a separate sheet, if necessary)

Outcome (to be filled in by professor):

Course	Outcome: Yes or No	If yes, new date/time

I acknowledge I will violate the Code of Student Conduct if I reveal any information about the examination to anyone until all students have taken the exam.

Signature and Date: