

### Request to Reschedule Examinations

Name \_\_\_\_\_ Person # \_\_\_\_\_ UB E-mail \_\_\_\_\_

I have two examinations scheduled on the same day:

<i>Date</i>	<i>Examination</i>	<i>Instructor</i>
_____	_____	_____
_____	_____	_____

I have three or more examinations scheduled on consecutive days:

<i>Date</i>	<i>Examination</i>	<i>Instructor</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have four or more examinations to be completed in one calendar (Mon.-Sat.) week:

<i>Date</i>	<i>Examination</i>	<i>Instructor</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On the limited occasions an examination must be rescheduled, the examination will be rescheduled at the discretion of the Registrar and Vice Dean for Student Affairs. Exams will be rescheduled for the very next subsequent available date. It is not unusual for the last week of the term or the last week of exams to be the deadline for papers or projects. The overlap of papers and projects and examinations will not be accepted as a justification for examination rescheduling.

Petitioner's Signature: \_\_\_\_\_

**This form should be returned to the Records & Registration Office, Room 304**

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Action: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_