

Alternate Exam Time Request Form for MATH 340

This form is due one week before the exam date. Early forms are appreciated. Late requests may not be considered. The only instances in which a student will be considered for an alternate exam time are:

- Testing at the RDS (Resources for Disabled Students) testing center
- Another class scheduled for the same time
- University approved activity scheduled for the same time
- Documented serious illness or documented death in the immediate family

No alternate testing time will be authorized without use of this form. At least one week ahead of the exam, please return the form to your instructor, who will give it to the course coordinator for approval. Fill out this form neatly.

NAME: _____ EXAM (1 or 2): _____

EMAIL: _____ PHONE NUMBER: _____

SECTION NUMBER AND INSTRUCTOR: _____

REASON FOR THE CONFLICT:

Testing at the RDS (Resources for Disabled Students) testing center. (Please attach RDS form)

Class scheduled for the same time. Course number: _____. (Please attach a copy of your class schedule)

University approved activity scheduled for the same time. (Please attach letter from coach or relevant official.)

Documented serious illness or documented death in the immediate family. (Please attach a letter from your physician or relevant documentation.)

Use of this form does not guarantee the right to an alternate testing time. Students are expected to take the exam the same day as it is being offered unless their class schedule (or documented reason above) makes it impossible to do so.

I will take the exam

A 1-hour-50-minute spot On Thursday 9am-4pm, **Please specify:**

A 1-hour-50-minute spot On Thursday 6:30pm-9pm, **Please specify:**

I am unable to take the exam at these times for the following reason. (Attach appropriate documentation.) I am requesting the following alternate date and time: