

Math 155 Alternate Exam Time Request Form

- No alternate testing time will be authorized without the use of this form.
- This form, along with the relevant documentation (including the class schedule; see below) is due one week before the exam date. Early forms are appreciated.
- This form should be turned in to your instructor, who will give it to the course coordinator for approval.
- The only instances in which a student will be considered for an alternate exam time are

PLEASE CHECK THE APPLICABLE REASON:

_____ testing at the RDS (Resources for Disabled Students) testing center. (Please attach RDS form and a copy of your class schedule.)

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

_____ university-approved activity scheduled for the same time. (Please attach a letter from a coach or relevant official and a copy of your class schedule.)

_____ documented serious illness or documented death in the immediate family. (Please attach a letter from your physician or relevant documentaton and a copy of your class schedule.)

NAME: _____ EXAM (1 or 2): _____

SECTION: _____ INSTRUCTOR: _____

EMAIL: _____

PHONE NUMBER: _____

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. All students must attach their class schedule to this form.

I can take the exam Thursday in the

_____ morning

_____ afternoon

_____ evening

_____ I am unable to take the exam on Thursday for the following reason (write below). My class schedule is attached. I am requesting the following alternate date and time: