PETITION FOR ALTERNATE EXAM TIME

Date of Request: _______________

Name: __________________________ EID: ______________

Email: ____________________________________________

Course: ___________________________ Unique: __________

Instructor: ________________________ Exams: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Reason for Conflict: __________________________________________

________________________________________

________________________________________

SSD Accommodations: ☐ 1.5x Time ☐ 2x Time

☐ Other ______________

Can Make 4-6pm Exam: ☐ Yes ☐ No

4-6pm Alternate Exam will be held on same day as the regular time

Instructor’s Signature: __________________________________________

(only needed if unable to make 4-6pm, not required for SSD students)

Please fill out and return to the Chemistry and Biochemistry Undergraduate Office in WEL 2.212 with instructor’s signature (if unable to make 4-6pm alternate time). This is for scheduling regular exams only, you must return during the last two weeks of class to reschedule your final.

Date Rec. ______________

(office use only)