



Change of Exam Request

THIS FORM MUST BE COMPLETED AND RETURNED TO THE REGISTRAR'S OFFICE FOR SUBMISSION TO THE ACADEMIC STANDARDS & APPEALS COMMITTEE.

Name: _____ Student ID #: _____
Program: _____

Table with 3 columns: Exam, Date, Time. Contains 4 rows for listing examinations.

Please indicate the reason for change of exam request:

Change requested due to scheduling:
Change requested due to Appeal:
Describe, in detail, the reason for appealing to have your exam(s) changed. Supporting documentation must be provided if necessary:

Note:

- This form must be submitted at least three weeks prior to the start of the examination period.
This form must be accompanied by supporting documentation (i.e. medical note, letter from employer, etc.) in order to be processed.
Should the appeal be granted there will be a \$100 fee, per exam, to re-schedule exams unless adjustments are due to an exam schedule conflict or learning accommodations.
Students will be notified of the results by email at their Crandall student account.

Student's Signature: _____ Date: _____

Office Use Only
Date received by Registrar: _____ Signature: _____
Decision: ___ granted ___ denied Date of Student notification: _____
Exam rescheduled for: _____ Proctor: _____