

Student ID No:	CAUS Major:
Last Name:	First Name:
VT Email:	Cell Phone Number:

Effective Term (Check):	Fall	Spring	Summer I	Summer II	Year: _____
<u>Check one:</u> <input type="checkbox"/> I have 3 or more exams scheduled in 24 hours <input type="checkbox"/> I have conflicting exam times					

- This form should only be completed by students who have a primary major is in the College of Architecture & Urban Studies.
- This form should only be used for changing exams due to 3 or more within a 24-hour period or exam conflicts. The Associate Dean of Academic Affairs will not approve an exam change due to travel, business, or family plans. ***It is at the discretion of the instructor to change an exam time for personal reasons .***
- Complete this form and present it to the instructor of the course(s) for which you are requesting a change for his/her signature.
- Return completed form to 202 Cowgill Hall for the Associate Dean of Academic Affairs signature by the deadline posted on the University Registrar's website (www.registrar.vt.edu).
- For 3 exams scheduled to begin within 24 hours of each other, you may request 1 change, for 4 exams beginning in 24 hours of each other, you may change 2 exam times. (See exam schedule in the Timetable of Classes on HokieSpa.)
- An instructor may agree to allow you to take your exam with another section of the same course or to reschedule at a time convenient to you both. Have the approving instructor(s) sign in the appropriate place below.
- At least one signature is required from the instructor who is rescheduling your exam time.

List the exams scheduled within a 24-hour period or that you wish to reschedule:						
Department	Course Number	CRN	Current Exam Date & Time	New Exam Date & Time	Instructor's Name	Instructor's Signature (One Required)

I certify that the above information provided is correct and I understand that any misrepresentation may constitute an Honor Code violation.

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Return completed form to 202 Cowgill Hall.

Office Use Only:
Date Received: _____ Date Processed: _____ Processed by: _____