

STUDENT DISABILITY SERVICES CHANGE OF EXAM INFORMATION REQUEST FORM

Semester _____ Student Name: _____ Student ID: _____

Original Exam Date	Start Time	Course Code & Section	Exam Format <small>(eg. Multiple choice, essay, short answer)</small>	Instructor's Name

Rescheduled Exam Date	Start Time	Course Code & Section	Exam Format <small>(eg. Multiple choice, essay, short answer)</small>	Instructor's Name

I _____, agree to and authorize the exam scheduling change which is outlined above.

(Instructor Name – please print)

INSTRUCTOR SIGNATURE

DATE: _____