

## Exam Reschedule Request

### EXPLANATION FOR FORM:

The purpose of the form is to request an exception to an academic policy. Students submitting this form are expected to provide as much detail as possible. It may become necessary to submit additional documentation. If you have questions about this form, please see the Office of the Registrar.

This form should be submitted if student is seeking:

- **Request to Reschedule an Exam:** Student must have a sufficient justification for requesting an exam reschedule. See the Exam Reschedule Policy at this link: <https://www.untDallas.edu/lawschool/academics/registrar/exam-schedules.php>. This form must be submitted to the Associate Dean for Academic Affairs by the deadline indicated in the Policy and in any event **prior to the regularly scheduled time of the exam.**

**Please Note:** Please keep in mind that the availability of any exception to an academic policy depends on the provisions of that policy. Thus, be sure to consult the applicable policy and provide specific detail about the basis for the request for an exception. Supporting documentation will be required. Please consult with the Associate Dean for Academic Affairs or the Office of the Registrar to clarify the eligibility of your circumstances.

### DIRECTIONS FOR STUDENT:

- Complete the student (top) portion of the of the form following this instruction page.
- Email completed form to Dean Fountaine for approval.
- Student will be notified via their College of Law email.
- Student may request to receive a copy of the completed form for his or her record.

## Exam Reschedule Request

**Please PRINT**

Student Name (Last Name, First Name)			Student ID -----		
UNT COL Student Email Address (Please write out full email address)				Classification <input type="checkbox"/> 1L <input type="checkbox"/> 2L <input type="checkbox"/> 3L <input type="checkbox"/> 4L	
Contact Phone Number	Expected Graduation Date	Enrollment Status Full-Time   Part-Time		Term <input type="checkbox"/> FA <input type="checkbox"/> SP <input type="checkbox"/> SU	Year
Do you have accommodations for exams? Yes   No					

List all exams you are taking. Please indicate which exams you would like to reschedule.

I WISH TO RESCHEDULE THIS EXAM	COURSE TITLE	EXAM DATE	EXAM TIME	INSTRUCTOR

**Please Note:** Exam Reschedule Requests must be approved by Associate Dean of Academic Affairs.

Reason For Request: Please submit appropriate documentation with this request.

Student Signature	Date /       /
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Resolution determined by Associate Dean for Academic Affairs:

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_