EXAM CHANGE REQUEST  

Course & posted exam date: ___________________________

Please complete this form and return to the Office of the Associate Academic Dean, Admin. 206 or email to kay.owen@furman.edu.

The following will assist us in communicating with you if we need any additional information:

________________________________________  
Cell Telephone

Exam Change Policy: Students are expected to take exams according to the schedule published on the Academic Records web page. According to Furman University policy, "A student's request to reschedule a final exam will be considered only in the case of serious illness or other circumstances beyond the student's control." (Policies and Procedures Manual, 120.2; emphasis added). In addition, the Furman Catalog specifies that exceptions "are not normally granted for reasons related to family or personal travel" (p.39). Students with three exams scheduled on the same day may request to change one of those exams, however there is no provision for changing a schedule because two exams fall on the same day, or on account of the timing of difficult exams. Exam changes will not be made for reasons of personal convenience.

NOTE: If a professor teaches two or more sections of the same course, university policy allows the professor to permit a student to take the exam with another section. These arrangements should be made with the professor(s). Otherwise, no changes will be made without the permission of the Associate Academic Dean. You will be notified of the Dean’s final decision via email.

If after reading these statements of policy you believe that your request is consistent with them, please explain the extenuating circumstances in the space below. The Associate Dean will contact the appropriate party to determine the extent of the conflict with Furman’s exam schedule. **It is our practice to confirm the reason for an exam change using appropriate documentation.** Please attach appropriate documentation confirming the reason for your request or provide contact information below for someone who can confirm the reason for your exam change.

Contact Name: ____________________________________________

Phone Number: ____________________________________________

Relationship to Student: ____________________________________

Reason:


For Office Use Only:

Decision date ________________

☐ Approved  ☐ Denied  ☐ DB  E-mail sent to student & prof: Date ____________ Who _________