** Respiratory Therapy Program**

**REQUEST TO CHANGE A MIDTERM/FINAL EXAM**

Prior to completing and submitting this form, please review the policy on midterm/ final examinations in the Respiratory Therapy Program Student Handbook. **This request must be submitted at least 7 days prior to the scheduled examination.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course acronym and number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original scheduled Date/Time of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR CHANGE REQUEST**

I am requesting a change in date/time of the scheduled exam for this class because:

1. Two or more exams are scheduled simultaneously. List both courses, both instructors, and explain why the conflict has occurred:

2. Legitimate and documented extenuating circumstances exist that prevent completion of the exam at the scheduled time (e.g. hospitalization, burial services for an immediate family member). Attach a memo of explanation and documentation in support of this request.

NOTE: Poor academic performance, work schedule, family vacations, family celebrations, job interviews, and problems with travel plans are not considered legitimate and extenuating circumstances.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY INSTRUCTOR AND DEPARTMENT CHAIR/PROGRAM DIRECTOR/LEARNING FACILITATOR**

For this student, we agree that legitimate and documented extenuating circumstances exist that prevent completion of the exam at the scheduled time.

Proposed New Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This is before or after the scheduled exam.

This request has been denied. Extenuating circumstances do not exist.

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Prog Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Facilitator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_