

DATE SUBMITTED: _____

APPLICATION FOR RESCHEDULING ONLINE EXAMINATIONS

NAME _____ STDNT# _____ TEL# _____
 last name, first name

I am scheduled to write the following examinations (include all examinations):

<u>DATE OF EXAM</u>	<u>TIME OF EXAM</u>	<u>COURSE & NUMBER</u>	<u>SECTION</u>	<u>INSTRUCTOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: NOT VALID UNLESS SECTION NUMBERS AND INSTRUCTORS' NAMES ARE INCLUDED.

COMMENTS: _____

New Schedule: (to be completed by Office)
 YOU WILL WRITE:

<u>DATE OF EXAM</u>	<u>TIME OF EXAM</u>	<u>COURSE, NUMBER & SECT</u>	<u>ROOM</u>	<u>AUTHORIZED BY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: This form and your Student ID CARD must be presented for admission to the Room.

(FOR INTERNAL USE ONLY) VERIFIED BY: _____ DATE: _____ WHITE-STUDENT COPY

RETURN COMPLETED FORM TO FAX # 604-323-5590

FORWARD TO DIV CHAIR(S): _____