



Last Name	
First Name	
UVA ID #	
UVA e-mail	
Phone #	

## REQUEST FOR EXAM POSTPONEMENT WITHIN FINAL EXAM PERIOD

**Association: Are you an**       Echols Scholar       Student Athlete (current or former)       Transfer Student

If not, what was your first-year residence hall \_\_\_\_\_

I expect to graduate in    Fall \_\_\_\_\_    Spring \_\_\_\_\_    Summer \_\_\_\_\_

**DEADLINE FOR TURNING IN THE COMPLETED FORM:** The deadline is **6 calendar days before the last day of classes.** The deadline *may* be excused for emergency circumstances (e.g., serious illness, death in the family). Take home exams, projects and final papers do not qualify for exam postponement.

*Check the appropriate box (all requests require instructor permission):*

- I wish to postpone one exam as I have *three exams scheduled on two consecutive days.*
- I wish to postpone two exams as I have *four or five exams scheduled on two consecutive days.*
- I must postpone one exam as I have *two exams scheduled at the same time.*
- I wish to postpone one or more exams due to other circumstances and I will complete the course **BY THE END OF THE EXAM PERIOD.** Explanation:

*Please alert your Association Dean if you are experiencing any serious health or family emergencies.*

**DIRECTIONS:**

Arrange with your instructor a **LATER** date within the final exam period on which to take the exam. **EARLY EXAMS ARE NOT PERMITTED.** Complete this form and have your instructor sign it. **Make a copy for your instructor and return the original to 101 Monroe Hall.** Your request will be reviewed by the Dean’s Office and we will notify you and your instructor **only** if your request is denied.

**DEGREE CANDIDATES:**

Your course grade must be in the hands of the College Registrar **by the end of the examination period.**

LIST YOUR COMPLETE EXAM SCHEDULE		LIST CHANGE(S) REQUESTED	
Course Subject Area and Number (e.g., ANTH 1010)	Date and Time of Exam	Rescheduled Date and Time of Exam	Postponed Exam Only Instructor’s Signature

*Office use only*

APPROVED       DENIED

ORIGINAL: Deans’ Office    COPY: Instructor

Date: \_\_\_\_\_  
month                      day                      year