MATH 1302 / Alternate Test Date Request Form

All students are expected to take exams within the date and time range designated for their section. In the event of an unusual conflict, you MUST submit documentation with this request form by **Wednesday, September 14**, at 12:00 Noon to your instructor. (Due date exception: personal hospitalization or death of an immediate family member.) After your instructor has approved and verified its completeness, this form and supporting documentation will be passed along to the Course Coordinator (Shanna Banda) for final approval.

Course Section Number: _____ Instructor's Name:_____

As listed in University records:

Last Name:_____ First Name:_____

MyMav ID:_____ Email Address:_____@mavs.uta.edu

Email confirmation will be sent to your University email account only. If your request is approved, you **MUST** confirm your alternate testing time by the deadline in the email you receive – otherwise your request will be cancelled and cannot be rescheduled.

Check applicable exam(s)	**Write the scheduled date & time range of applicable exam(s) (See your Course Schedule on Bb)**	**Write your proposed date & time range of applicable exam(s)**
_____ Exam 1		
_____ Exam 2		
_____ Exam 3		
_____ Final Exam		

LEGIBLY print a reason for your test date exception request. Use a separate page if needed.

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NOTE: Students are expected to prioritize exam times ahead of other activities, including work. If the request is being made because of work, documentation must include a signed statement from your employer. If your request is cancelled or not approved, and you miss the scheduled exam, *you may use your one "retake" option to take the missed exam* (see Course Schedule on Blackboard for scheduled retake dates).