



APPLICATION FOR EXAM RESCHEDULING

INSTRUCTIONS: Please review the policy on Exam Rescheduling available on our website at www.macdiv.ca

Student Name: _____ Student ID #: _____

Program & Year (Level): _____ Contact Information (email): _____

Date of Request: _____

EXAM(S) REQUESTING RESCHEDULING:

DATE OF SCHEDULED EXAM	COURSE NAME	COURSE CODE	INSTRUCTOR'S NAME
	1)		
	2)		
	3)		

REASON FOR RESCHEDULING: _____

Legitimate reasons for rescheduling a final exam are as follows:

- 3 exams in 24 hours
- 2 exams scheduled at the same time (LOP)
- Illness (A doctor's note must accompany this request)
- Disability with written documentation on file

I agree to the mandatory confidentiality requirements of McMaster Divinity College that insist upon maintaining confidentiality of the examination content. I agree not to discuss any information pertaining to this examination or its content to any member of the McMaster Divinity College community until after grades are received.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

FOR OFFICE USE ONLY:

DEAN OR DESIGNATE: _____ Approval: _____

Comments: _____

Newly Agreed Date of Exam: _____ Time: _____ Location: _____