



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

REQUEST FOR EXAM POSTPONEMENT WITHIN FINAL EXAM PERIOD

Association: Are you or were you ever an Echols Scholar Student Athlete Transfer Student

If none of the above, what was your **first-year residence hall**? _____

Expected graduation: Spring 20____ Fall 20____ Summer 20____

DEGREE CANDIDATES: The College Registrar must receive your grade **by the end of the examination period.**

INSTRUCTIONS:

1. **Arrange** with your instructor to take the exam on a **LATER** date within the final exam period.
EARLY EXAMS ARE NOT PERMITTED. Take home exams, projects and papers do not qualify for postponement.
 2. **Complete** this form and have your instructor sign it.
 3. **Make a copy** for your instructor. You may also wish to make a copy for your own records.
 4. **Return** the original to 101 Monroe Hall. Your request will be reviewed by the Dean's Office. We will notify you and your instructor **only** if your request is denied.
- DEADLINE:** The deadline to return the completed form to 101 Monroe Hall is **6 calendar days before the last day of classes.** If the deadline falls on a weekend or holiday, you must return the form by the last class day before that date. The deadline *may* be excused for emergency circumstances (e.g. serious illness, death in the family).

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/s **by the end of the exam period.** Explanation: _____

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

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

Office use only

APPROVED DENIED Date: _____