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## Exam Schedule Change Form

Student Name \_\_\_\_\_

Consideration for changing an exam will be made if you have **four** exams on one day.

Complete the following with your current exam schedule:

### 1<sup>st</sup> Day Exam(s)

1. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

5/6. \_\_\_\_\_

### 2<sup>nd</sup> Day Exam(s)

2. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

Steps:

1. Which exam are you requesting to be changed? \_\_\_\_\_

2. Which period are you requesting to move your exam to? \_\_\_\_\_

3. Teacher Verification/Approval (Signature) \_\_\_\_\_

4. Office Approval (Signature) \_\_\_\_\_

5. After receiving office approval, return this form to the cooperating teacher.