

Mr. Dean Brinkman

Principal

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Kalida High School

"A Tradition of Excellence"



Semester 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:

1st Day Exam(s)

2nd Day Exam(s)

1. _____ 2. _____

3. _____ 4. _____

7. _____ 8. _____

5/6: _____

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.