*Please accomplish. Consult any of your course instructor with conflicting exam schedule.*

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Date (mm/dd/yy) |  |
| **Name of Student** | *(Last)* | *(First Name)* | *(MI)* |
| Program |  | Section |  |
| **Conflicting Exam Schedules** |
| Courses | Date | Time | Location |
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|  |  |  |  |
| Signed: | Endorsed by: |
| *Signature over printed name/Date***Student** | *Signature over printed name/Date***Course Instructor** |

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| ***This section is to be filled out by the Program Head*** |
| **Rescheduled Course:** |  |
| **Date and Time:** |  | **Location:** |  |
| **Approved by:** | **Received by:** | **Received by:** |
| *Signature over printed name/Date***Program Head** | *Signature over printed name/Date***Course Instructor** | *Signature over printed name/Date***Student** |

**FT-CRD-064-00 | REQUEST FOR RESCHEDULING OF EXAM FORM**

** REQUEST FOR RESCHEDULING OF EXAM FORM**

*Please accomplish. Consult any of your course instructor with conflicting exam schedule.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Date (mm/dd/yy) |  |
| **Name of Student** | *(Last)* | *(First Name)* | *(MI)* |
| Program |  | Section |  |
| **Conflicting Exam Schedules** |
| Courses | Date | Time | Location |
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| Signed: | Endorsed by: |
| *Signature over printed name/Date***Student** | *Signature over printed name/Date***Course Instructor** |

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| ***This section is to be filled out by the Program Head*** |
| **Rescheduled Course:** |  |
| **Date and Time:** |  | **Location:** |  |
| **Approved by:** | **Received by:** | **Received by:** |
| *Signature over printed name/Date***Program Head** | *Signature over printed name/Date***Course Instructor** | *Signature over printed name/Date***Student** |

**FT-CRD-064-00 | REQUEST FOR RESCHEDULING OF EXAM FORM**