

## REQUEST TO RE-SCHEDULE COURSE EVALUATION

Students may apply to re-schedule if they were prevented from attending or completing any test/examination or assignment by injury, illness or other serious personal circumstance, the student may apply to re-schedule the evaluation.

Application must be made **no later than 3 days after the student's return to class.**

Student Name: \_\_\_\_\_ Program and Year of Study: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_ Course(s) Affected: \_\_\_\_\_

Reason for Absence (medical documentation may be required):

**SUBMIT TO: Office of Assistant Dean for Academic Affairs for Approval**

\_\_\_\_\_  
Assistant Dean Signature

\_\_\_\_\_  
Date

Once the absence is approved, the student must get the permission of the course director.

### **STUDENTS MUST COMPLETE RESCHEDULED EXAMINATIONS AT THE FIRST OPPORTUNITY OFFERED BY THE COURSE DIRECTOR**

#### **To be completed by the Course Director:**

1. Will the value of the missed test be added to the value of the final examination of the student? (This presumes doing so will not increase the value of the final examination for that student above 70% of the final class grade, AND the content of the final exam includes that of the missed test/examination)? \_\_\_ Y \_\_\_ N
2. If not, and a make-up evaluation is planned, will the evaluation:
  - a. Be the same format and length, and examine the same material? \_\_\_ Y \_\_\_ N
    - i. If not, how will it differ?
  - b. Have the same value as the original evaluation? \_\_\_ Y \_\_\_ N
    - i. If not, how will it differ?
  - c. Date, time, and venue of make-up exam \_\_\_\_\_

**Signature of student and Course Director indicates that these arrangements are mutually agreeable.**

Student \_\_\_\_\_

Date \_\_\_\_\_

Course Director \_\_\_\_\_

Date \_\_\_\_\_

Assistant Dean, Academic Affairs \_\_\_\_\_

Date \_\_\_\_\_