

Policy Name: QCOM Exam Administration

Quillen College of Medicine Office of Academic Affairs
Permission Form for Modification of Examination Schedule

PRINT Student Name: _____

Print Course Name

Print Course Director's Name

Scheduled Examination Date

Scheduled Examination Time

New Examination Date

New Examination Time

Reason for rescheduling the examination:

Required Signatures

Student

Date

Course Director

Date

Vice Dean for Academic Affairs (VDAA)

Date

QCOM Exam Administration Policy

In order to provide consistency and allow for tracking, those students requesting special consideration for examination scheduling must complete this form. The form must be completed by the student who is responsible for obtaining the appropriate signatures prior to receiving approval of a requested exception to the published exam schedule.

This form will be included in each course/clerkship syllabus. Once the form is approved/denied, a copy of the form will be retained in the student's file.