Date & Time Received:	
In	itials:

Exam Change Form

Current procedure allows students who have more than two exams on one day to move one of those exams to another day so they do not have 3 exams in one day. All exam changes must be submitted for approval. You must get your teacher's signature indicating their approval of the change. Please Note: Teacher signature does NOT mean approval of the exam change. All changes must be cleared through Mrs. Downing/Mr. Garrett and you will receive your notice of approval/denial AFTER it has been turned into the office. Once this form has been completed and signed by the teachers and parent, please form and return it to the office.

Deadline for all change requests: December 10, 2021						
Name:	<u>.</u>	Grade:				
Exam Schedule						
Wednesday December	er 15 Thursd	ay December 16	Friday	December 17		
1 st hour – 8:15 - 9:50	2 nd ho	our – 8:15 - 9:50	3 rd ho	ur – 8:15 - 9:50		
4 th hour – 10:15 - 11:50		6 th hour – 10:15 - 11:50		5 th hour – 10:15-11:50		
8 th hour – 12:30 – 2:05	7 th hou	7 th hour – 12:30 – 2:05				
Exam change request: Exam & class hou	ır	moved to (hour)	Teach	er Signature		
1						
2						
Reason for change reques	st:					
Parent Signature:						
For office use only:	******	> > 	*****	*********		
Request: Approved	d / Denied					
If denied, reason for deni	al:					