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 ............................................................................................................................

Executive Associate Dean (EAD) ..............................................................................

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/curriculum syllabus. Once the form is approved/denied, a copy of the form will be retained in the student’s file.