

ROGER WILLIAMS UNIVERSITY  
School of Law  
EXAM RESCHEDULE REQUEST

Students Name: \_\_\_\_\_

Student Id #: \_\_\_\_\_

Term: \_\_\_\_\_

Laptop User check box

Date of Request: \_\_\_\_\_

*Left side of this form must be completed in its entirety by student*

My Exam Schedule- **MUST LIST ENTIRE EXAM SCHEDULE**

OFFICIAL USE ONLY:

**Approved Reschedule**

Course Name	Course# Section	Professor	Sched Date	Sched time	Check to Resched	Resched Date	Time	Room

*Reschedule date will be set at next available  
reschedule time slot-EXAMS ARE NOT  
RESCHEDULED TO AN EARLIER DATE THAN  
ORIGINALLY SCHEDULED DATE.*

Reason for Reschedule Request:  
Exams scheduled within 24 hours

Check one:

\_\_\_\_\_

Student Signature

Approval Signature

Date:

\_\_\_\_\_

*Note: Exams are only considered rescheduled if this form is approved by the Office of Student Finance and Records- Student will be expected to take their exam at the time approved unless this office is notified otherwise.*