Exam/Quiz Schedule/Change

Instructions for both the student and the professor are on the back of this sheet

**IT IS THE STUDENT’S RESPONSIBILITY TO RETURN THIS SHEET TO EXAM SERVICES!**

Semester: ____________________________

Student’s Name: ________________________ Student’s Phone: ____________________________

Course & Section Number: ____________________ Day(s) & Time: ____________________ Location: ____________________

Professor: ____________________________ Phone #: __________________________ Office: ____________________

<table>
<thead>
<tr>
<th>Circle Exam or Quiz</th>
<th>Exam/Quiz Date (Student to fill in)</th>
<th>Exam/Quiz Time (Student to fill in)</th>
<th>Time Allotted in Class, for Exam/Quiz (Professor to fill in)</th>
<th>Alternate Date (Student to fill in - if necessary)</th>
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Professor, please review the exam/quiz schedule above, fill in the “Time Allotted in Class” column (PLEASE ONLY PUT THE TIME THE GENERAL CLASS WILL BE ALLOWED – DS WILL CALCULATE ANY EXTENDED TIME). Also, please check the approved means of exam/quiz delivery and return below and sign. – Thank you!

Test/Final Exam Deliver To Exam Services: ____________________________  Test/Final Exam Return To Professor: ____________________________

Examinee in a sealed & signed envelope
Fax to Exam Services (825-2536)
Email to Exam.Services@tamucc.edu
Professor/Dept delivers
Pick-up at: ____________________________

Examinee in a sealed & signed envelope
Fax to Dept ____________________________ (fax #)
Professor/Dept picks up
Deliver to: ____________________________
(Exam Services will not use campus mail)

I have reviewed this form and agree with this schedule.

__________________________________________         __________________
Professor’s Signature                                                                                Date   10/29/13
Exam Services
Corpus Christi Hall 116
Phone: 825-2259
Fax: 825-2536

Exam Services Hours:
Monday: 8:00 am – 5:00 pm*
Tuesday: 8:00 am – 5:00 pm*
Wednesday: 8:00 am – 5:00 pm*
Thursday: 8:00 am – 5:00 pm*
* open until 7:00 pm only if exams are scheduled
Friday: 8:00 am – 5:00 pm

FOR THE STUDENT

 Please print legibly.
 Fill out the top section completely.
 Fill in the date and time for all exams/quizzes you plan to take with Exam Services. (Make sure you circle whether it is an exam or quiz).
 If the final exam is not listed on the syllabus, the final exam schedules can be found in S.A.I.L.
 Take the completed form to your professor to have him/her complete his/her portion of the form. (If exams/quizzes are announced in class and not listed on the syllabus, you need only turn in this sheet for the first exam/quiz). You must deliver the completed form to Exam Services with an optimal two working days (Fall & Spring) or one working day (Summer) notice prior to the first exam/quiz you plan to take with Exam Services. If the only exam you will be taking is the final exam, the optimal deadline to schedule final exams is listed on the front of the current “Student Testing Rules” booklet you received with your semester packet.

 IT IS YOUR RESPONSIBILITY TO RETURN THIS FORM COMPLETED TO EXAM SERVICES, NOT YOUR INSTRUCTORS!

FOR THE PROFESSOR

 Please review the form for accuracy.
 Fill in the shaded area for “Time Allotted in Class.” (This is to be the time the general class will be allowed – DS will calculate any extended time).
 Should the regular time of the exam not fit within Exam Services hours of operation, or if it does not allow the student to utilize his/her extended time due to back-to-back classes, please discuss with the student an alternate exam/quiz date and/or time. Once the alternate date and/or time is agreed upon by you and the student, please place your initials next to the alternate date and time.
 If exams/quizzes are announced in class and not listed in the syllabus, the student will need to notify Exam Services with optimally 2 working days (Fall & Spring) or 1 working day (Summer) prior to the exam/quiz in order to receive appropriate accommodations. This form needs to be completed for the first exam/quiz only. Thereafter, the student may notify Exam Services.
 In the bottom shaded area, check which type of method you prefer the exam/quiz to reach Exam Services and which type of method you prefer the exam returned to you after the exam/quiz is completed. (Note that “Examinee” in this context means the student who is taking the exam/quiz).

 Please sign at the bottom. IT IS THE STUDENT’S RESPONSIBILITY TO RETURN THE COMPLETED FORM TO EXAM SERVICES IN A TIMELY MANNER.

10/29/13