SPECIAL EXAMINATION REQUEST FORM

Date of Request: __________________________ PUC ID: __________________________

Full Name: _______________________________________________________________

Last         First         Middle

PUC email (notification will be to this address): ________________________________

Local Phone: _______ - _______ - ___________ Cell Phone: _______ - _______ - _______

Examination Schedule

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Exam Date</th>
<th>Exam Time</th>
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I propose to leave ______________________________

Month    Day    Year

My reason qualifies for an exception: ☐ Yes ☐ No

State the reason why you are requesting a change and attach documentation.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

For Office Use Only:

Approved: __________________________________

Denied: ____________________________________

Fee: _______________________________________

Date: _________________________________

Date Informed Student: ______________________

Please show a copy of the approved document to instructor.