

## SPECIAL EXAMINATION REQUEST FORM



**Academic Administration**  
**One Angwin Avenue**  
**Angwin, CA 94508**  
**(707) 965-6673**  
**(707) 965-6432 Fax**

Fill out this form and return to the Dean's office *at least 10 days before the start of exam week.*

Exceptions are made for: death in family; medical emergency, 4 tests in 1 day; 3 tests in a row.

(Up to \$100 may be charged to your account per exam if your reason is not one of the above)

Date of Request: \_\_\_\_\_ PUC ID: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

PUC email (notification will be to this address): \_\_\_\_\_  
 \_\_\_\_\_

Local Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Examination Schedule**

Course No.	Course Title	Instructor	Exam Date	Exam Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.