

SPECIAL EXAMINATION REQUEST FORM



Records Office
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

Local 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.