REQUEST TO TAKE SPECIAL EXAM

The opportunity to take a special exam is limited to students enrolled for residence credits. No grade may be raised or repeated by such an examination. Secure the signatures indicated below in the order of their number. The Cashier's Office will sign only upon receipt of the special examination fee. The fee for a special examination is $5.00 per credit. After all signatures have been secured, present this form to the instructor administering the examination. Grades for special exams are normally recorded within 3-4 weeks following the date of the exam.

______________________________________________
SSN or Student ID No.                                      Name (Last, First, MI)

I request to take a special examination in ____________________________________ for ____________________________
(Specify Dept. & Course No.) (Specify No.)

semester hours, on or before ____________________________.
(Specify Date)

SIGNATURES:

1. ____________________________ 3. ____________________________
   Instructor                                      Cashier's Office

2. ____________________________ 4. ____________________________
   Department Chair                                Record's Office

__________________________
Signature of Instructor

INSTRUCTOR USE ONLY

Dept. _____________ Course Number _____________ Course Title ____________________________

Grade _____________ Number of Credits _____________ Date of Exam ____________________________

__________________________
Signature of Instructor

RECORDS OFFICE USE ONLY

__________________________
Date Processed            Initials

Rev. 4/01