Exam Postponement Request - Spring Semester Only

Name: _____ **USC ID:** _____

Telephone Number: _____ **USC Email Address:** _____

Student Handbook § VI. F. 2: The Associate Dean for Academic Affairs may grant examination postponements for good cause, such as some physical or emotional problem that has made preparation for or taking of the examination extremely difficult. However, the Associate Dean will not grant permission for a student to take an exam prior to the start of the exam period. The fact that a student has several examinations in sequence does not justify examination postponement. No examination postponement will be granted for a student who has already missed an examination unless the student can demonstrate that it was physically impossible for the student to seek advance approval of an examination postponement.

Please provide your final exam schedule and the name of the instructor. Indicate which exam you are requesting to postpone.

Week 1	Exam Name	Postpone?
Wednesday		
Thursday		
Friday		

Week 2	Exam Name	Postpone?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week 3	Exam Name	Postpone?
Monday		
Tuesday		

Are you requesting to postpone a take-home/checkout exam? If yes, indicate what course and the due date for the take-home exam._____

Are you a student receiving accommodations approved by the Student Disibility Resource Center?

Yes ☐ No ☐

Indicate the rationale for your request for postponement. If choosing other, enter your explanation below:

- ◯ I have exams scheduled on the same day.
- ◯ I have four exams scheduled on consecutive days.
- ◯ Other:

_____ _____

Student's Signature **Associate Dean's for Academic Affairs Signature**

Postponement Date: _____

Approved Denied