



Exam Rescheduling Request Form

Section 1 - Student

To reschedule an exam:

1. Complete Section 1 of this form
2. Make an appointment with the Registrar to submit the form
3. Upon approval, pay the \$25 Rescheduling Fee
4. Arrange to meet with the Registrar at the rescheduled time

Student Name _____ ID # _____ RMC Box # _____

Phone (____) _____ E-mail _____

Course # _____ Course Name _____ Professor _____

Section 2 - Vice President Academic – Approval as required

Comments _____

VP Academic Signature _____ Date _____

Section 3 - Office of the Registrar

Reason:

- Conflict with another RMC exam
- Conflict with another post-secondary institution
- More than two exams scheduled in one day
- Illness, with notification prior to exam
- VP Academic permission
- Other _____

Fees:

- \$25 Rescheduling Fee
- Exempt from Rescheduling Fee

Rescheduled Exam: Date _____ Time _____ Location _____

Instructions to Student _____

Registrar Signature _____ Date _____

Student Signature _____ Date _____

Section 4 - Professor *(Complete this section and return to the Office of the Registrar)*

Permission granted: Yes No

Comments _____

Professor Signature _____ Date _____

Section 5 - Finance Office

Date _____ Amount Received _____ GradPro # _____ Initials _____

Method of Payment: Cash Debit Card MasterCard Visa

Card Number _____ Expiry Date _____ Name on Card _____

- Copies to: Student Mailbox Professor
- Registrar Finance Dept