

UW OSHKOSH PROJECT SUCCESS

Exam Date Change Request

Student's Name: _____ Professor's Name: _____

Course Name: _____ Course # & Section: _____

Exam Date and Time Change: _____ (Ex 09/10/2020 from 10:40-12:40pm)

ORIGINAL DATE: _____

*By initialing and checking the box below I am in agreement that in order to process this exam date/time change request, Project Success must receive written consent from the professor via email. When scheduling another date/time for your exam with your professor, include Project Success in your email, so that your request can be processed.

I agree to the terms above:

Student Initial: _____