*Please accomplish. Consult any of your course instructor with conflicting exam schedule.*

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|  |  |  |  | | Date (mm/dd/yy) | | |  | | |
| **Name of Student** | *(Last)* | | | | *(First Name)* | | | | | *(MI)* |
| Program |  | | | | Section | |  | | | |
| **Conflicting Exam Schedules** | | | | | | | | | | |
| Courses | | | | Date | | Time | | | Location | |
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| Signed: | | | | Endorsed by: | | | | | | |
| *Signature over printed name/Date*  **Student** | | | | *Signature over printed name/Date*  **Course Instructor** | | | | | | |

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| ***This section is to be filled out by the Program Head*** | | | | | |
| **Rescheduled Course:** |  | | | | |
| **Date and Time:** |  | | **Location:** | |  |
| **Approved by:** | | **Received by:** | | **Received by:** | |
| *Signature over printed name/Date*  **Program Head** | | *Signature over printed name/Date*  **Course Instructor** | | *Signature over printed name/Date*  **Student** | |

**https://upload.wikimedia.org/wikipedia/commons/thumb/7/74/Scissors_icon_black.svg/1280px-Scissors_icon_black.svg.pngFT-CRD-064-00 | REQUEST FOR RESCHEDULING OF EXAM FORM**

** REQUEST FOR RESCHEDULING OF EXAM FORM**

*Please accomplish. Consult any of your course instructor with conflicting exam schedule.*

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|  |  |  |  | | Date (mm/dd/yy) | | |  | | |
| **Name of Student** | *(Last)* | | | | *(First Name)* | | | | | *(MI)* |
| Program |  | | | | Section | |  | | | |
| **Conflicting Exam Schedules** | | | | | | | | | | |
| Courses | | | | Date | | Time | | | Location | |
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| Signed: | | | | Endorsed by: | | | | | | |
| *Signature over printed name/Date*  **Student** | | | | *Signature over printed name/Date*  **Course Instructor** | | | | | | |

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| ***This section is to be filled out by the Program Head*** | | | | | |
| **Rescheduled Course:** |  | | | | |
| **Date and Time:** |  | | **Location:** | |  |
| **Approved by:** | | **Received by:** | | **Received by:** | |
| *Signature over printed name/Date*  **Program Head** | | *Signature over printed name/Date*  **Course Instructor** | | *Signature over printed name/Date*  **Student** | |

**FT-CRD-064-00 | REQUEST FOR RESCHEDULING OF EXAM FORM**