EXAM RESCHEDULING FORM
This form is due 1 week before new test date *

Disability Services and Programs (DSP)
3601 Trousdale Parkway, Student Union 301
Los Angeles, CA 90089-0896
Phone: (213) 821-6368 / Fax: (213) 740-8216
E-Mail: exams@usc.edu

* This request form, after successful completion by both the Student and Professor (or authorized TA), must be delivered by the student in person no later than 1 week before the new exam date. Rescheduling exceptions may be made upon scheduling availability. However, if the date of the originally scheduled exam has passed, then it is too late to reschedule using this form. A new request for proctoring must be turned in. Please notify us of rescheduling needs ASAP.

Student name: ____________________________ DEPT and Course # (ex: HIST 200): _____________________
Student phone/email: _________________________ Professor: _______________________

ORIGINAL Date/s: __________ Original Time/s: ________ ORIGINAL Length/s: _________________

NEW Date/s: _______________ NEW Time/s: __________ NEW Length of Exam: ________________

REASON FOR REQUEST:

___ Professor initiated
___ Student initiated (due to personal reasons)
___ Disability-related, explain ________________________________________
___ Other, explain _______________________________________________________

PROFESSOR, PLEASE CHECK AS APPLICABLE:

___ Student’s request denied, must take at originally scheduled time
___ Professor will arrange/proctor exam independent of DSP
___ Student may take exam at DSP at new date/time requested (Note: DSP may require one week notice).

PROFESSOR or TA Signature: ___________________ Date: __________
Name, if different than Professor: __________________________

If you have any questions, please contact the Disability Services and Programs