



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

Disability Services and Programs (DSP)
3601 Watt Way, GFS 120
Los Angeles, CA 90089-1692
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 Standard length/s:** _____

NEW Date/s: _____ **NEW Time/s:** _____ **NEW Standard length:** _____

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