

EXAM VARIANCE REQUEST

Date Requested _____	Course Name: _____
Name: _____	Professor Name: _____
Phone: _____	Date: _____ Time: _____
email: _____	Alternate Date: _____ Time: _____
Added Time: 1.5X 2X	Course Name: _____
Other: _____	Professor Name: _____
_____	Date: _____ Time: _____
_____	Alternate Date: _____ Time: _____
Approved By:	Course Name: _____
_____	Professor Name: _____
Michele R. Miller	Date: _____ Time: _____
Assistant Dean, Academic Services	Alternate Date: _____ Time: _____