

Exam Variance Request

Date Requested: _____

Name _____

Phone _____

Email _____

Requested Accommodation:

Added Time: 1.5X 2X *(Please circle one)*

Reason for Request:

Approved By

Ricardo Villarosa, Director, Student Life & Educational Outreach

Course Name _____

Professor's Name _____

Scheduled Date and Time _____

Requested Date and Time: _____

Approved Date and Time: _____

Course Name _____

Professor's Name _____

Scheduled Date and Time _____

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