



**Change of Exam Date
Student Request Form**

This is the official form for students to request a change in the date to sit for a UTRGV SOM exam. Except in special circumstances, all requests must be completed in full and submitted to the Assistant Dean of Assessment, Evaluation, and Quality Improvement a minimum of four weeks in advance of the scheduled exam date. In addition, students requesting a change in the date to sit for an exam must also notify the Module Co-Director(s) of the module or the Clerkship Director for which the request is being made and the Assistant Dean for Pre-Clerkship or the Assistant Dean for Clerkships.

Student Name: _____ **Today's Date:** _____
(MO/DD/YR)

Module: _____ **Scheduled Date of Exam:** _____
(MO/DD/YR)

- Type of Exam:** Mid-Module End-of-Module CBSE
 Clerkship Shelf Exam (Specify) _____
 Course/Elective/Selective Exam (Specify) _____
 Other: (Specify) _____

Please provide a detailed explanation as to why you are requesting a change of date for this exam:

If requesting to sit for the exam in advance of the scheduled exam date, students are required to sign the attached confidentiality statement and return it with the Student Request Form.

Students requesting to sit for an exam after the scheduled exam date may have to take a different make-up exam at a later date as determined by the Assistant Dean for Assessment, Evaluation, and Quality Improvement in consultation with the Assistant Dean for Pre-Clerkship/Clerkship and the Module, Clerkship, or Course Director.

- I am requesting to take the exam ***in advance*** of the scheduled exam date.
 I am requesting to take the exam ***after*** the scheduled exam date.

Student Signature

Student Name Printed

Students can expect an official response to requests within five business days of receipt.