You need a separate form for each exam you want to reschedule. Print this form and complete it. Then get your instructor's signature.

Then return to ODS (either in person as a hard copy or by emailing it to ods @westmont.edu).

Request to Reschedule a Final Examination (ODS Version)

Student Name:	Student ID:	Class Level (1 st year, etc)	Westmont Email:	Date:
Please have the	he instructor sign this form be	efore submitting	it to the Disability Service	es Office.
	accommodation of extended all examinations scheduled of		•	bility Services who
Part A: I have the follow	wing final examinations on the Course Title	same day: (Please		Time of Final Exam
Course a Gostien	Course Tille	mondott	bay, balo a 1	ino or i mai Exam
	e the following final examinat			
Course & Section	Course Title	Instructo		V Day, Date & Time of be 8:00, 11:00, or 2:00)
•	with ODS to have to be more than one exc			! time on
To Instructor:				
Pending approval of this r	request by the Registrar/Acad	demic Senate Re	view Committee:	
I approve the new	day and time and understan	nd that ODS will p	roctor the exam.	
I do not approve o	of the new day and time.			
Instructor S	ignature	_		
For Office Use Only. Request	approved Rec	quest denied		
Registrar for Academic	c Senate Review committee	Date		

Petition must be turnded in to ODS by the deadline.