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THE UNIVERSITY OF TEXAS AT AUSTIN

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Student Request for Alternate Examination Time

Directions: The **student** is to complete this form and submit it to the course coordinator for consideration. Completion of this form does not guarantee approval (it is a **request** for consideration), and in no way circumvents requirements specified on the first-day handout (e.g., prior notification of faculty in the case of illness).

Name (Print) _____

Requesting an alternate to the exam as **originally scheduled**:
Course PHR: _____ Subject: _____ Date & Time: _____

Reason for the request is as follows: (complete **one** of the **two** boxes below):

I **was** unable to take the exam at that time because of illness or an emergency situation* which is explained as follows:

___ Physicians certification attached -OR-

This can be confirmed by contacting _____ (Name)
_____ (Position) _____ (Phone)

***Note:** The student was still responsible for prior notification of faculty as specified in the first day handout.

I **will be** unable to take the exam at that time because of the following urgent and/or compelling reason:

This can be confirmed by contacting _____ (Name)
_____ (Position) _____ (Phone)

I **certify** that the above information is correct:
(Student's Signature) _____

Faculty Disposition: ☐ Approved ☐ Disapproved
(Faculty Signature) _____

Faculty Member, upon completion of handling this request, please forward this form to the Student Affairs Office for inclusion in the student's permanent file.