

PERMISSION AND SCHEDULING OF EARLY OR DELAYED EXAM
M-1

_____ has been given permission
Student Name

To take _____ at an early or delayed date.
Examination

Associate Dean Signature: _____

Date: _____



I agree to take the above examination on the following schedule:

Further, I will not seek, receive, nor provide any information about the examination after it is administered and when I take the early or delayed administration, the results will be based on my own thoughts, efforts, and study.

Student Signature: _____

Date: _____