Emory College students are not required to take more than two final exams during any one calendar day. Students who have three exams scheduled may request an alternate exam date for one course to reduce the number of exams in a calendar day to two exams. The Office for Undergraduate Education will verify that the presented information meets the standards of the policy. It is the student’s responsibility to work with the faculty of the courses in conflict to identify an alternate exam date; the alternate date may be earlier than the original scheduled date.

OUE requests that faculty make the necessary arrangements to uphold the multiple exam policy, and may advocate on the student’s behalf if conflicts cannot be resolved independently.

Student Name: ___________________________________________                  EMPLID: __________

Date of Exam Conflict: _________________

Courses with exam scheduled on that date: Exam Time:
1. ___________________________________________  __________
2. ___________________________________________  __________
3. ___________________________________________  __________
4. ___________________________________________  __________

Student must attach to this form a copy of their final exam schedule listed in OPUS. If the instructor is hosting the exam at a time not indicated in OPUS, official documentation of the actual test date must be provided.

Student Honor Code Statement
I understand that giving false or misleading information for the purpose of gaining academic advantage is a violation of the Emory College Honor Code, and may lead to disciplinary actions specified in Honor Code.

Signature: ____________________________________ Date: _______________________

Office for Undergraduate Education Verification
The signatory below has verified that the student’s OPUS exam schedule or related documentation demonstrates an exam conflict of more than two exams in the calendar day stated above, and therefore requests that the related faculty reschedule one exam to an alternate date.

Staff Signature: ___________________________ Date: _________________________