Evening Exam Request Form

Please return completed Evening Exam Request form to the Office of the Registrar by email to bjcole@purdue.edu. For

ques	stions about	the Evening	g Exam request	process, plea	ase call 46308.			
Date) :							
Fror		ıd Last Nam	ne, please, clear	ly printed)	Email address:rinted)			
only depa	under the nartment head	nost unusua d on this red	al circumstances quest form. Any	s and after rev	view of the departme	ent head, indicated a e <mark>d in this request s</mark>	and may be requested by the signature of the should be noted with an section number.	
	s request is fo on numbers.	or certain sec	tions within a mul	ti-sectioned cou	ırse, please provide th	e Course Reference N	Number (CRN) and/or	
Plea	se indicate t	he reason fo	or this evening ex	xam request (c	check all that apply):			
	This course h	as more thar	n one section, and	d I wish to hold	one common exam.			
	Alternate Exam Seating is needed, but is not available during the regular class session.							
	Other							
	Pleas	e indicate c	courses and the	ee date choic	cesno exams on	Fridays, Saturdays	s or Sundays	
	<u>Subject</u>	Course #	CRN#(s) Sec# (s) or "All"	Est. Enrollment	1st Choice	2nd Choice	3rd Choice	
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_			<u> </u>					
	nce Offering			No				
					ffering must be set with stating an in-person ex		"online" instructional method	
	6:30-7:30 p.i		udents, before reg	istration begins,	stating an in-person ex	am may be required.		
	8:00-9:00 p.i							
	Either time							
			stad Diago ch	ock one:	1 1/ hours (8:00 0:	30pm) or 2 bo	urs (8:00 10:00pm)	
	Extended time is requested. Please check one: 1½ hours (8:00-9:30pm) or 2 hours (8:00-10:00pm) Alternate Room for DRC Accommodations is needed. Indicate size here: Extra time: minutes							
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	Dlease des				re for Extended Time t precludes effective		tandard 60 minute	
					gnature is required, p			
As no be cour	nandated by e eliminated	Faculty Se . Omitted m	neetings are to b	all examination be selected by	the instructor accor	rding to the principle	t regular class periods are e that meetings for each ar class periods which wil	
Print	ted Name:			Signa	ture:		Date:	
				Departme				