GLENBROOK SOUTH HIGH SCHOOL

REQUEST TO CHANGE THIRD EXAM FORM
PLEASE PRINT CLEARLY

STUDENTS: Please return this completed form to the Main Office NO LATER THAN Friday, December 4, 2026

Student Name (Last, First):		**I.D. #:**
Teacher Name (Last, First):	**Subject:**	**Which exam are you rescheduling?** **Block:** **4 Blue -OR- 4 Gold** *(circle)*
Are all your classes administering a final exam on this day?	**Student Signature of Final Exam Policy Understanding:** _____ **Date:** _____	

		Enter Your CURRENT Exam Schedule Class/Course Below example: Science or Bio 263
Day 1 **TUESDAY December 15, 2026**	**Block 1 Blue** 8:00 a.m. - 9:30 a.m.	
	Block 2 Blue 9:45 a.m. - 11:15 a.m.	
	Block 4 Blue 12:00 p.m. - 1:30 p.m.	
Day 2 **WEDNESDAY December 16, 2026**	**Block 1 Gold** 8:00 a.m. - 9:30 a.m.	
	Block 2 Gold 9:45 a.m. - 11:15 a.m.	
	Block 4 Gold 12:00 p.m. - 1:30 p.m.	
Day 3 **THURSDAY December 17, 2026**	**Block 3 Blue** 8:00 a.m. - 9:30 a.m.	
	Block 3 Gold 9:45 a.m. - 11:15 a.m	

Please turn the page for Teacher Approval

Students: After you have your teacher complete the information below, return this form to the Main Office no later than Friday, December 4, 2026 to Ms. Swanson.

Teachers:
After you have reviewed this student's request for a change of date, please sign your name and return this copy to the student. Ms. Swanson will email the teacher and the student an approval or rejection of this request after review by Dr. Joyce Kim, Associate Principal for Teaching and Learning.

When and where will the makeup exam take place?

The Test Center CANNOT be used to administer any final exams

☐ **Tuesday, December 15, 2026**

Time: _____ **Location:** _____
(allowed time window 8:00 - 3:15)

☐ **Wednesday, December 16, 2026**

Time: _____ **Location:** _____
(allowed time window 8:00 - 3:15)

☐ **Thursday, December 17, 2026**

Time: _____ **Location:** _____
(allowed time window 8:00 - 3:15)

☐ ***Other Date:*** _____

Time: _____ **Location:** _____

Teacher Signature _____ **Date:** _____

Office Use Only

☐ **Approved** for change of exam administration date/time

☐ **Denied: Rational -**

Associate Principal Signature _____ **Date** _____