



**NOTE:** This form must be completed before taking the examination. Please send the completed form to [regsupp@uga.edu](mailto:regsupp@uga.edu).

**STUDENT INFORMATION**

Last Name \* First Name \* Middle Name

UGA ID (81X) Number \* Contact Email Address \*

**COURSE INFORMATION**

School/College Academic Term

Course Subject & Number Credit Hours

**APPROVALS**

Examining Professor

Instructional Department Head

Examining Professor's Signature \*

Date \*

Instructional Department Head's Signature \*

Date \*

**OFFICE USE ONLY**

System Updated By:

Date: