



McGill



Schulich School of Music
École de musique Schulich

REQUEST TO RESCHEDULE PRACTICAL EXAM

(Exams will NOT be rescheduled because of conflicts not stated on the application)

Please return completed form to practicalexams.music@mcgill.ca

Name: _____	Student No.: _____
Email: _____ @mail.mcgill.ca	Tel. No.: _____
Accompanist: _____	Tel. No.: _____
Teacher: _____	Instrument: _____

Exam originally scheduled on:

Date: _____ Time: _____ Place: _____

Please state clearly the reason(s) for requesting the change:

Please note any possible conflicts (including those of your accompanist):

Student's signature

Date

For Office Use Only

Exam rescheduled to:

Date: _____ Time: _____ Place: _____

Student notified: ___/___/___ Accompanist notified: ___/___/___ Panel notified: ___/___/___

Concert Office notified: ___/___/___ Room Changed: ___/___/___