

CHANGE IN FINAL EXAMINATION SCHEDULE

(To be submitted no later than the last day of regular classes)

We have agreed to the following change in final examination schedule for

_____ for the _____ 20_____ term
(Print Student's Name) Term Year

Course: _____
Subject Course Number Section

SCHEDULED EXAM DATE: _____ TIME: _____

NEW EXAM DATE: _____ TIME: _____

REASON FOR CHANGE:

Signature of Student: _____ Date: _____

Signature of Instructor: _____ Date: _____

INSTRUCTIONS:

STUDENT:

1. Meet with the instructor of the course to discuss change in examination time.
2. If new exam time is approved, complete and sign form.

INSTRUCTOR: Sign form, give one copy to student, keep one copy, and file one copy in school/department office.

DEPARTMENT: Retain copy for one semester and then destroy.

* While students have the right to request changes in their final examination schedule, especially if they can document that their schedule would otherwise have them taking three or more examinations in a single day, the instructor is under no obligation to grant such requests. Students should therefore never assume that requests to change the final examination schedule will be approved. If a change is approved, this document confirms and formalizes the agreement between the student and the faculty member that the exam will be administered at the new and mutually agreed upon date and time.