



REQUEST FOR CHANGE IN FINAL EXAM SCHEDULE

(Check appropriate request. When completed, submit to Dean of Faculty, RH 211)

_____ Change is for an individual

_____ Change is for an entire class

(name of student)

(course number & name)

(course number & name)

(course instructor)

(course instructor)

(current scheduled exam time)

(current scheduled exam time)

Reason for requested change:

Provide supporting documentation as appropriate

Reason for requested change:

Provide supporting documentation as appropriate

RESCHEDULED date & time for exam:

_____ Approved _____ Not Approved

(Instructor's Signature)

_____ Approved _____ Not Approved

(School Dean's Signature)

RESCHEDULED date & time for exam:

_____ Approved _____ Not Approved

(Instructor's Signature)

_____ Approved _____ Not Approved

(School Dean's Signature)

Copies to: Student, Instructor, Department Chair and Dean of Faculty

12/11/24