



Office of the Registrar
(843) 953-5668
FAX (843) 953-6560
E-Mail: registrar@CofC.edu

REQUEST FOR CHANGE OF FINAL EXAM

(This form must be returned, signed, to the Registrar's Office by 5 p.m. before the first day of exams.)

Semester: _____

NAME _____ SID _____
Last First Middle

COURSE _____ PROFESSOR _____

Original scheduled Date/Time of exam: _____

REASON FOR CHANGE

I am requesting a change in date/time of the scheduled exam for this class because:

**If reason is 3 or more exams in a 24 hour period, give entire class schedule and exam schedule below.*

Date: _____ Phone #: _____ Student's Signature: _____

*****TO BE COMPLETED BY PROFESSOR*****

I am amenable to the change as noted below.

Proposed New Date/Time: _____

This is before ____/after ____ scheduled exam.

Date: _____ Professor's Signature: _____

Student must return original to professor

The Registrar's Office approves the change in exam date/time as noted above.

Date: _____ RO Signature _____