REQUEST TO AN INSTRUCTOR TO CHANGE A FINAL EXAM

Prior to completing and submitting this form, please review the policy on final examinations in the undergraduate catalog. This form must be finalized 24-hours prior to the scheduled examination.

Student Name: __________________________________________ ID# ____________________________

College-Issued Email: ______________________________________ Phone(_____) __________________

Course acronym and number: _____________________________ Instructor: __________________________

Original scheduled Date/Time of Exam: _______________________________________________________

REASON FOR CHANGE REQUEST

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

_____ 1. Two or more exams are scheduled simultaneously. List both courses, both instructors, and explain why the conflict has occurred:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____ 2. Legitimate and documented extenuating circumstances exist that prevent completion of the exam at the scheduled time (e.g. burial services for an immediate family member). Attach a memo of explanation and documentation in support of this request. NOTE: Family vacations, family celebrations, job interviews, and problems with travel plans are not considered legitimate and extenuating circumstances.

Student Signature: ___________________________________________ Date:________________________

__________________________

TO BE COMPLETED BY INSTRUCTOR AND DEPARTMENT CHAIR/PROGRAM DIRECTOR

☐ For this student, we agree that two or more exams are scheduled simultaneously or legitimate and documented extenuating circumstances exist that prevent completion of the exam at the scheduled time.

Proposed New Date/Time: ___________________________ This is ☐ before or ☐ after the scheduled exam.

☐ This request has been denied. Reason: _______________________________________________________

Instructor Signature: ___________________________________________ Date:________________________

Dept Chair/Prog Director Signature: ___________________________ Date:________________________

The original copy of this form is to be kept by the Department; a copy should also be given to the student.