Final Exam Reschedule Form

Student must complete this section:

Student’s Name _______________________________ ID ___________ Date _______________

Phone_______________________ Email____________________________________

Course_____________________________ Instructor___________________________________

Semester_________________________ Academic Year ________________________________

Original Date/Time for Final Exam______________________________________________

Student Rationale for Request:

*A copy of the student’s transcript and current class schedule must accompany this form.  
**Student must provide documentation and evidence to support this request.  
***All Final Exam Reschedule Forms must be brought to the Final Examination Exception Committee as one request per semester.

Academic advisor must complete this section:

I have reviewed the Student Request for Change in Final Examination Schedule policy and procedures with the student listed above. I certify that the student is in good academic standing at DCB.

Signature __________________________________________ Date _______________________

Instructor must complete this section:

Proposed date/time for rescheduled final exam: ________________________________

☐ This request falls within one week of the scheduled exam.

Instructor decision: Deny / Approve

Instructor Rationale:

Instructor Signature _________________________ Date _______________________

☐ This request falls outside of the one-week period of the scheduled exam.

Instructor recommendation and rationale to the Final Examination Exception Committee:

Instructor Signature _________________________ Date _______________________

Instructor Signature _________________________ Date _______________________
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Final Examination Exception Committee (FEEC) Chairperson must complete this section:

☐ This request falls within one week of the scheduled exam and has been approved by the instructor. No further actions are needed.

☐ This request falls within one week of the scheduled exam and has been denied by the instructor. No further actions are needed.

☐ This request falls within one week of the scheduled exam and has been denied by the instructor. The student has chosen to appeal the decision with the FEEC.

   Appeal Meeting Date/Time/Location _________________________________________
   Appeal decision by the FEEC: Approve / Deny
   If approved, the rescheduled exam date/time __________________________________

☐ This request falls outside of the one-week period of the scheduled exam and the student needs to meet with their instructor and the FEEC.

   Meeting Date/Time/Location ________________________________________________
   Decision by the FEEC: Approve / Deny
   If approved, the rescheduled exam date/time __________________________________

FEEC Chairperson Signature _________________________________ Date _________________

****FEEC Chairperson is responsible for filing all requests.