



FACULTY REQUEST FOR CHANGE IN FINAL EXAM SCHEDULE

Semester _____ Academic Year _____

Faculty Name _____ Date _____

Course Name, Prefix and number _____

Original Date/Time for Final _____

Proposed Date/Time for Final _____

Rationale for the Request:

APPROVALS:

Yes _____ No _____

Comments: _____

Department Chair _____ Date: _____

If no, give rationale: