



STUDENT REQUEST FOR CHANGE IN FINAL EXAM SCHEDULE

Semester _____ Academic Year _____

Student's Name _____ Date _____

Student's Phone #: _____ Student's email _____

Course _____ Instructor _____

Original Date/Time for Final _____

Rationale for the Request:

*Student must provide documentation and evidence to support request.
Student must also provide a Campus Connection copy of his/her daily class schedule.*

Instructor Rationale:

Instructor, if approved, give the proposed date/time or alternate agreement: _____

Signatures and Approval:

Instructor

Date _____

Approval: Yes No

Chairperson, Final Examination Exceptions Committee

Date _____

Approval: Yes No