

REQUEST TO CHANGE FINAL EXAMINATION DATES

NAME _____ Student # _____ CPO _____

DATE _____

A. Permission to change final examinations will be given when the student has more than three such examinations on one day. This form must be completed and contain all requested signatures.

I. List the four (or more) courses that have examinations scheduled for the same day:

II. List the course(s) for which you are requesting a change, indicate the new date and time, and obtain the instructor's signature.

<u>COURSE</u>	<u>NEW DATE AND TIME</u>	<u>INSTRUCTOR'S SIGNATURE</u>

B. You may request rescheduling of final examinations if an emergency arises.

I. Explain the reason for this request. (You may attach a separate letter.)

II. List the course(s) for which you are requesting a change. Indicate the required information below.

<u>COURSE</u>	<u>NEW DATE AND TIME</u>	<u>INSTRUCTOR'S SIGNATURE</u>

C. Student's Signature _____

Return to the Office of Academic Services or Student Service Center, **no later than Reading Day.**

Approved _____ Date _____

Comments _____
