



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. Simultaneous exams or legitimate and documented extenuating circumstances do not exist.

Instructor Signature: _____ Date: _____

Dept Chair/Prog Director Signature: _____ Date: _____