

REQUEST FOR CHANGE OF FINAL EXAM

NAME _____

E-mail: _____

Phone: _____

I. CHANGE OF TIME

A. Reason for request:

B. List all of your exams :

Course

Instructor

Date and Time

C. Exam(s) to be changed

Course

Instructor

Presently Scheduled
Day and Time

II. THREE EXAMS IN ONE DAY

Course

Instructor

Presently Scheduled
Day and- time

**III. Changes will be made that have the least impact on the exam schedule.
However, do you have a time preference related to rescheduling of the exam?**