

## STUDENT REQUEST FOR DIFFERENT FINAL EXAM TIME

Student Name

Student ID #

Phone #  Current Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer 20

Current Address

Which final exam do you wish to have changed?

Course #  Section #  Instructor

Scheduled Time for Final Exam: Day  Time

To what time do you wish to change the final exam? Day  Time

Justification:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature, *if approved*: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair, *if approved*: \_\_\_\_\_ Date: \_\_\_\_\_

If approved, send copy with all signatures to Vice President for Instructions Office.