REQUEST TO TAKE FINAL EXAMINATION ON DATE OTHER THAN SCHEDULED

PART I—TO BE COMPLETED BY STUDENT

After completing Part I, have your professor complete Part II and sign; then have the Assistant or Associate Dean approve/disapprove and sign Part III.

Semester: _____ SSN: _____

Name: _____
Last First Middle

Course: _____ Instructor: _____

Scheduled Exam Time and Date: _____

Requested Time and Date: _____

REASONS (List circumstances that prevent your taking the exam on the scheduled date. If you have two exams scheduled in one day, or four in four consecutive days, list the exams by course name, and the time and date of each below.)

_____

_____

_____

_____

Signed: _____ Date: _____

PART II—TO BE COMPLETED BY PROFESSOR

Date & time of rescheduled exam: _____

To be administered by: _____
(The professor must administer the exam or arrange with another faculty member or administrator to administer the examination).

Signed: _____ Date: _____

PART III—TO BE COMPLETED BY ASSISTANT OR ASSOCIATE DEAN

❑ Approved ❑ Disapproved

Signed: _____ Date: _____

Revised 11-9-99