REQUEST TO CHANGE FINAL EXAMINATION TIME

Fall Semester 2016

COLLEGE of SCIENCE MAJORS ONLY!

DEADLINE: November 18, 2016

NOTE: This form should only be used for changing exams due to 3 or more within a 24 hour period or exam conflicts!

Neither the Dean’s Office nor the instructor will allow an exam change due to travel, business, or family plans. Do not ask!

INSTRUCTIONS:
1. Complete and return form to the College of Science Dean’s Office no later than 5:00pm, November 18, 2016. Provide ALL requested information. Both YOU and the INSTRUCTOR must sign form before it is submitted for Dean’s approval. (Late forms WILL NOT be accepted!)

2. For three exams scheduled to begin within 24 hours, you may change one; for four exams scheduled to begin within 24 hours, you may change two. All exams must be taken during final exam week.
   NOTE: From exam beginning time one day to the same time the next day does NOT constitute a 24-hour period. (EX. 7:45 Monday, 2:00 Monday, and 7:45 Tuesday).

3. An instructor may agree to allow you to take your exam with another section of the same course or to reschedule at a time convenient to you both. Have the approving instructor(s) sign in the appropriate place below.

4. Common time exams cannot be rescheduled.

5. An email will be sent to the instructor(s) involved and the student.

PLEASE PRINT

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NAME_________________________________________ ID#____________________ MAJOR________
LOCAL ADDRESS_________________________________________ EMAIL____________________

The exams I have scheduled on ____________________________ are:
(days) ____________________________ (dates) ____________________________

Dept.&Course # & CRN  Time&Day Class Meets  Exam Time  Instructor
(1)_____________________  ______________________   __________ __     _________________________
(2)_____________________  ______________________  ___________ _  _________________________
(3)_____________________  ______________________      ____________  _________________________
(4)_____________________  ______________________  ___________ _  _________________________

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I wish to change the exam in ____________________________, from _______________________ to ________________________.

(1) INSTRUCTOR’S SIGNATURE:  _______________________________ DATE:  ___________________

INSTRUCTOR’S NAME & EMAIL ADDRESS: _______________________________

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I wish to change the exam in ____________________________, from _______________________ to ________________________.

(2) INSTRUCTOR’S SIGNATURE:  _______________________________ DATE:  ___________________

INSTRUCTOR’S NAME & EMAIL ADDRESS: _______________________________

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I certify that the information provided is correct and I understand that any misrepresentation may constitute an Honor Code violation.

STUDENT’S SIGNATURE  DATE

ASSOCIATE DEAN’S SIGNATURE  DATE