

Request to Reschedule a Final Examination

Student Name: _____

Student ID: _____

MS #: _____

Date: _____

It is the student's responsibility to make arrangements with the instructor to reschedule a final examination.

Please have the instructor sign this form before submitting it to the Student Records Office.

Students with three final examinations scheduled on the same day, complete **Part A**. For all other requests to reschedule a final examination, please complete **Part B**.

Part A: I have the following three final examinations on the same day:

| Dept. | Course Number | Course Title | Instructor | Day, Date & Time of Final Exam |
|-------|---------------|--------------|------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

I would like to reschedule the following final examination:

| Dept. | Course Number | Course Title | Instructor | Day, Date & Time of Final Exam |
|-------|---------------|--------------|------------|--------------------------------|
| | | | | |

Part B: I request permission to reschedule the following final examination: (See reason/explanation below.)

| Dept. | Course Number | Course Title | Instructor | Day, Date & Time of Final Exam |
|-------|---------------|--------------|------------|--------------------------------|
| | | | | |

Reason/Explanation: (Please state the reason/explanation for your request, e.g., emergency situation, serious illness, family tragedy, etc.)

Pending approval of this request by the Registrar/Academic Senate Review Committee:

I am willing to reschedule the final examination and I will administer it at a mutually agreeable time.

I am not willing to reschedule this final examination.

Instructor Signature

For Office Use Only. Request approved _____ Request denied _____

Registrar for Academic Senate Review committee

Date