

## Request to Reschedule a Final Examination

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Class Level: \_\_\_\_\_

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:

Course & Section	Course Title	Instructor	Day, Date & Time of Final Exam

I would like to **reschedule** the following final examination:

Course & Section	Course Title	Instructor	Day, Date & Time of Final Exam

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

Course & Section	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