

## CHANGE OF FINAL EXAM

All students must be present during the final exam period. Exceptions may be granted **only** in cases of emergencies or special circumstances.

- Special Circumstances:
- ◆ 3 or more exams on one day
  - ◆ 2 exams at the same time
  - ◆ Other - official documentation required

Students must submit a signed, written request, to the Associate Dean of Seaver College seeking approval to change the date or time of a final examination.

Instructors are **not required** to grant permission to take a final exam at any time other than as indicated on the final exam schedule. Students must obtain instructor's signature before submitting this form to the Seaver Dean's Office (TAC 3<sup>rd</sup> floor) for final review and consideration. Following review, the decision will be emailed to both the student and instructor.

**Deadline for submission is 5:00PM on the Monday preceding Final Exam week.**

Date Submitted to Seaver Dean's Office: \_\_\_\_\_

Reason for changing final exam time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Current Schedule of Classes. Please include **all** classes and meeting times:

<u>CLASS/SECTION</u>	<u>DAYS</u>	<u>TIME</u>	<u>DAY/TIME OF FINAL EXAM</u>	<u>PROFESSOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please Print**

Student's Name: \_\_\_\_\_ CWID#: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Student's Telephone Number: \_\_\_\_\_

Class for which Exception is Requested: \_\_\_\_\_

Requested New Date/Time of Exam: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ **Approved**  **Denied**

Associate Dean's Signature: _____ <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/>
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