

Final Exam Conflict

Please print neatly in ink.

Date _____

Student Name _____ Local Phone Number _____

Student ID Number _____ E-Mail _____

Major/Concentration _____ Local Address _____

I am requesting that the following exam be rescheduled:

Reason for request: _____ course name _____ instructor _____

- I have 3 final exams scheduled in the same calendar day.
- I have two final exams scheduled at the same time.

Please provide: (1) Course names, (2) Course numbers, (3) Section numbers, (4) Professors, and (5) Dates/times of the final exams of applicable courses.

Course Name	Course Number	Section	Professor	Date/Time of Final Exam
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All exam times will be verified by the dean's office. If a valid conflict exists, you will be notified of an alternate exam date/time/location.

Student Signature

Associate Dean's Signature

Approved Instructor notified date: _____

Denied Reason: _____