

REQUEST TO CHANGE FINAL EXAMINATION TIME

College of Agriculture and Life Sciences Majors Only

DEADLINE: See Registrar's Website

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 academic dean's office nor the instructor will allow an exam change due to travel, business, or family plans. **Please do not ask.**

INSTRUCTIONS:

- Complete and return form to the College of Agriculture and Life Sciences academic dean's office (1060 Litton-Reaves) Provide **all** requested information. Both **you** and the **instructor** must sign form before it is submitted for academic dean's approval. **Late forms will NOT be accepted!**
- 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).
- 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.
- Common time exams cannot be rescheduled.**
- An email will be sent to the instructor(s) involved upon approval.

PLEASE PRINT

NAME _____ ID# _____ MAJOR _____

LOCAL ADDRESS _____ EMAIL _____

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

Dept. & Course #	CRN #	Exam Day/Time	Instructor
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

I wish to change the exam in _____, from _____ to _____.
Dept. & course # original date/time new date/time

Approved by Associate Dean
__ yes __ no

(1) INSTRUCTOR'S SIGNATURE: _____ DATE: _____
INSTRUCTOR'S NAME TYPED OR PRINTED: _____

I wish to change the exam in _____, from _____ to _____.
Dept. & course # original date/time new date/time

Approved by Associate Dean
yes no

(2) INSTRUCTOR'S SIGNATURE: _____ DATE: _____
INSTRUCTOR'S NAME TYPED OR PRINTED: _____

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

STUDENT'S SIGNATURE _____ DATE _____

CC: Instructor(s), Student

ASSOCIATE DEAN'S SIGNATURE _____ DATE _____