

Petition to Change Time of Final Exam

Name				_ Student	Student ID#		
Class (circle one):	ass (circle one): FY SO JR SR				Major(s)		
examinations at the as semester. The schedu only in the case of doc student has three fina	ssigned ting le of final umented lexams so s of cours	nes, whi examina medical cheduled e meetin	ch are pulations is a emergend lon one deg times.	blished wit lso regular cy or family ay. Conflict Students se	th the Schedule ly posted to <u>ww</u> y crisis, such as a as should not oc eking re-schedu	of Classes vw.eastern a death in ccur betwe uling shou	lents must take their final sat the time of registration each n.edu/registar. Exceptions are made the immediate family, or when a sen final examinations since they are ald submit this form to their Dean. The der to be considered.
Exams will not be give in advance in order to						Students	are to arrange all transportation well
Return this complete	ed form to	o your D	ean, no la	ater than t	two weeks pric	or to the f	first day of the final exam week.
ourse Instructor				Class Mtg. Time			Scheduled exam date and time
Rationale for request:	(or you m	nay attac	ch a staten	nent)			
The decision will be e-correct, and I understa							d that the information provided is tion.
Student Signature							Date
Student cell phone or	contact n	umber (_) _				
OFFICE USE ONLY: Approved	N	ot Appro	oved	Oth	er:		
Dean's Signature:				Date:			

LKL 12/2020