

THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE  
PEMBROKE, NORTH CAROLINA

**EXAM CHANGE REQUEST**

Date \_\_\_\_\_

Class/Course: \_\_\_\_\_

Proposed Action:

Reschedule final exam **from** date: \_\_\_\_\_ and time: \_\_\_\_\_  
**to** date: \_\_\_\_\_ and time: \_\_\_\_\_

Cancel final exam

Other action relating to final exam  
(describe and attach on a separate sheet)

The described change is proposed:

For this semester only.

As a permanent change.

Reason:

Signed \_\_\_\_\_

Approved by \_\_\_\_\_

Department Chair

Approved by \_\_\_\_\_

Dean of Schools/College

- NOTE: (1) A separate copy of this form should be filed for each class/course for which a change is being proposed.
- (2) The completed form (s) in triplicate, when approved by the Chair of the Department and Dean, should be filed with the Assistant Vice Chancellor for Academic Affairs at least three week before the proposed change is to take effect.

