EXAM CHANGE REQUEST

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 weeks before the proposed change is to take effect.