

Request to Reschedule Final Examination

Name: _____ ID: _____

Course number: _____

Course title: _____

Scheduled final examination date and time: _____

Rescheduled final examination date and time: _____

Reason for request: _____

NOTE: If the reason the student is rescheduling a final examination is that the published exam schedule would require three exams in one day, then the \$40 fee will be waived. (In this instance, the student does not need to go to the Cashier's Office.)

Student Signature

Date

Course Instructor's Signature

Date

Dean's Signature

Date

After all signatures are completed, the student should take the form to the Cashier's Office to pay the \$40 rescheduling fee. (This is only if the fee is required.)

Date Paid: _____

The original of the form will be returned to the Registrar's Office, and a copy of the form will be provided for the student and the course instructor.