PETITION TO CHANGE A FINAL EXAM

Student Name		ID#	Campus Ma	ilbox Advisor's	Advisor's Name	
by the semest	University on t er. You will be	the Final Exam Schedule	. Submit this form to the committee's decision. Be	Office of the Registrar b	t a time other than that designated by the end of the 12 th week of the tion, you must have the support of	
			wishes to change an exam the instructor's permission		nother section of the same course petition.	
	one of these to ed by the instru		exam time and list the exa	ms, the times, etc., and	the arrangements that have been	
THREE	EXAMS WITHIN	N 24 HOURS				
1. 2. 3.	Course Number	Class Meeting Time	Scheduled Exam Time	Proposed New Exam Time	Signature - Faculty Approval	
ALL OT	HER REQUESTS					
1. 2. 3. 4. 5.	Course Number	Class Meeting Time	Scheduled Exam Time	Proposed New Exam Time	Signature - Faculty Approval	
REASOI	N FOR PETITIO	N TO CHANGE EXAM TIN	1E(S)			
You ma	y use additiona	ai pages or supply suppor	ting materials. Faculty me	mbers may submit sepai	rate comments.	
Student signature				Date		