FINAL EXAM CHANGE

Changes in Final Exam times are granted for only three reasons:

1. A student has three or more final exams on the same day. No student is expected to take more than two in-class examinations on a given day.
2. Illness. The illness must be severe enough to require medical treatment, and a student may be asked to provide a doctor's note verifying the illness.
3. A personal or family emergency.

Final Exam times cannot be changed due to conflicts with outside work commitments or transportation plans. All transportation plans must be built around the final exam schedule. This includes plans for Christmas or summer vacations. Final exam times will not be changed for convenience factors or to allow students to attend another event that conflicts with the final exam. Any requests for a reason other than three or more exams in one day must be approved by the Vice President for Academic Affairs. This policy is based on considerations of fairness for all students and the integrity of final examinations.

In cases where the request falls within one of the categories above, the student will obtain permission from the instructor for an alternative final exam time, complete this form, and return it to the Registrar's Office. **This form is due the Monday before final exams week.**

STUDENT RESPONSIBILITY

Student Name _____ I.D. #: _____

Reason for requesting change in final exam time: _____

_____

Please list all three courses that are scheduled on the same day.

Course	Instructor	Exam Day/Time

I verify that the above information is correct. _____
(Student Signature and Date)

INSTRUCTOR RESPONSIBILITY

As the cooperating instructor, you have worked towards a mutually agreeable time to re-schedule the student's final exam. Please list the re-scheduled final examination time below.

Exam Day and Time: _____ Course: _____

_____
Instructor's Signature Date

REGISTRAR RESPONSIBILITY

Registrar office will send a copy of the completed form to the instructor and the student.

Approved: ____ Yes ____ No

Explanation: _____

_____
Registrar Signature Date

VPAA RESPONSIBILITY

Approval of the VPAA is required for exceptions other than three exams in one day.

Approved: ____ Yes ____ No

Explanation: _____

_____
VPAA Signature Date