**Request to Alter Final Examination**

This form must be signed by the faculty member and the student. Following final approval by the faculty member, a copy of the form will be given to the student. If the request to alter the final examination is denied by the faculty member, an appeal may be addressed to the Vice President for Instruction and Student Services or the designee. To initiate an appeal, the student must present the signed form, indicating the denial, to the Vice President for Instruction and Student Services or the designee for consideration.

Instructor

Scheduled Exam Time

Student’s Name

Student Number

Class       Section No.       Reference No.

Reason for requesting alteration in final exam time

[ ]  Request Approved [ ]  Request Denied

Rescheduled exam time (Specific arrangements for the rescheduled final exam are left to the discretion of the faculty member.):

Date       Time:

Location:

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 Faculty Member Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Vice President for Instruction and Student Services Date

 or designee

**Rev. 5/09**