CHANGE OF FINAL EXAM REQUEST

Student Last Name __________________________ First Name __________________________ M.I. __________

Student G# __________________________ GMU Email __________________________

Day Phone __________________________ Evening Phone __________________________

Course Instructor Name ____________________________________________

Semester ____________ Academic Year ____________ Course Name/Number __________________________

Reason for request __________________________________________________________________________

________________________________________________________________________________________

I agree to administer the final examination for this student on:

Date: ____________ Time: ____________ in ____________________________ (Building & Room Number)

Course Instructor Signature: __________________________

Student’s Signature: __________________________

NOTE: 1. This form is only for final exam change requests when a student has three or more exams scheduled in one day, two conflicting exams, or in the case of a serious illness or family emergency.

2. Students must submit this form with the course instructor’s signed approval two weeks prior to the scheduled final exam. Please provide documentation and/or exam schedule.

3. Return the to the College of Education and Human Development, Student and Academic Affairs (Thompson Hall, Suite 2300, MS: 4B4) for the Associate Dean’s approval.

APPROVAL: Department Use Only:

Associate Dean: __________________________________________ Date: __________________________
CHANGE OF FINAL EXAM REQUEST

Purpose: To request a change in final exam schedule due to a student having three or more exams IN ONE DAY, two conflicting exams, or in the case of a serious illness or family emergency.

Instructions: Students must complete this form, obtaining the approval and signature of the course instructor. Once complete, the student must deliver the form, with supporting documentation and/or exam schedule, to the College of Education and Human Development, Student and Academic Affairs for the Associate Dean’s (Dr. Ellen Rodgers) approval.

The following signatures are needed for approval:

- Course Instructor
- Associate Dean for Student & Academic Affairs (Dr. Ellen Rodgers)

Notes: Students must submit this form with the course instructor’s signature two weeks prior to the scheduled final exam.

This form does not apply to mid-term exams.