REQUEST TO CHANGE EXAMINATION SCHEDULE

Final examination schedules are printed two years in advance and may be found in the university catalog and in a number of other university publications. Changes in final examination schedules will be made only in the case of unusual and uncontrollable circumstances. A request to change the examination schedule begins with the instructor, who forwards this form to his/her departmental chairperson or dean. (See Undergraduate Catalog, Final Examinations)

DATE: _____ LAST 4 DIGITS OF SSN or ECU ID: B _____

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____

_____ PHONE: _____

Course: _____
NAME NUMBER SECTION

Reason for request: _____

_____

_____

Student signature: _____

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Recommendation of Instructor

DATE: _____ _____ I have reviewed this request and agree that it is worthy of a change in exam time.

_____ I have reviewed this request and do not agree that it is worthy of a change in exam time.

_____
SIGNATURE

DATE: _____ Recommendation of Instructor's Department Chair

_____ I have reviewed this request and agree that it is worthy of a change in exam time.

_____ I have reviewed this request and do not agree that it is worthy of a change in exam time.

_____
SIGNATURE

Date and time of the scheduled examination: _____

Date and time of the rescheduled examination: _____

This form should be retained by Instructor's Departmental Chairperson.