

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)

Name _____ Banner ID: _____ Date: _____

Address _____

City/State/Zip _____ Phone: _____

Term: _____ Course: _____

Name /Number /Section

Reason for request:

Student Signature: _____

1. Recommendation of Instructor

_____ 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

Instructor Signature: _____ Date: _____

2. 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

Instructor Signature: _____ Date: _____

Date and time of the scheduled examination: _____

Date and time of the rescheduled examination: _____

3. Center for Academic Services – 210 Whichard Building • P (252) 328-6077 • F (252) 328-1505 • cas@ecu.edu

Center for Academic Services: _____ Date: _____

A copy of this form should be retained by Instructors Departmental Chair and the Center for Academic Services