

## **Instructions for Final Exam Schedule Change**

*These forms may be filled out if one of the following criteria have been met for a student's final exam schedule:*

1. Three (3) or more final exams scheduled for the same day

**OR**

2. Four (4) or more final exams scheduled within 24 hours

Students with two (2) conflicting regular final times must begin by trying to work out the final exam conflict with the faculty. If this is not enough to come to a resolution, see the Dean of the Office of Undergraduate Studies (OUGS) for resolution. The OUGS Dean's office may contact Academic Scheduling to identify the primary issue for the conflict.

### ***Instructions for filling out the forms:***

1. The student with the conflict will fill out the Final Exam Schedule Change Request Form and submit to each instructor for signature.
2. Student will work with the instructor to reschedule one of the final exams
  - a. It is recommended, but not required, that the student request a final exam change in the order of increasing class size.
3. If a final exam conflict cannot be resolved, the student shall submit the Final Exam Schedule Change Request Form to the Dean of the Office of Undergraduate Studies (OUGS) for resolution.
4. If a resolution is able to be reached, the student is to fill out the Change in Final Examination Time Agreement Form and submit it to the department under which the final exam has been changed.

**Implementation Date:** 11 /17/2016

**Final Exam Schedule Change Request Form (Model form)**

Instructions to student:

- A. Complete the form except for instructor signatures, and then obtain all instructor signatures.
- B. Once the form is complete, bring this form to your instructors (the suggested contact order is smaller classes first) as the basis for seeking a rescheduled final exam.
- C. If no instructor is initially willing to reschedule the final exam, submit this form to the Office of Undergraduate Studies in Craven 5211.

Instructions to instructors:

- A. Only sign the form (in column e) if your class will be taking an examination during the scheduled final exam period.

This request is being made because \_\_\_\_\_ has  3 final exams scheduled for the same day  
 \_\_\_\_\_  
 (Print student name)  4 final exams scheduled within 24 hours

_____ 1a Class Subject and Number (e.g., ACCT 201)	_____ 1b. Class Meeting Pattern (e.g., MWF 8:00-8:50am)	_____ 1c. Final Exam Date and Time	1d. Approximate Class Size: <input type="checkbox"/> <30 <input type="checkbox"/> 30-50 <input type="checkbox"/> >50	_____ 1e. Instructor signature confirming 1a-d
_____ 2a Class Subject and Number	_____ 2b. Class Meeting Pattern	_____ 2c. Final Exam Date and Time	2d. Approximate Class Size: <input type="checkbox"/> <30 <input type="checkbox"/> 30-50 <input type="checkbox"/> >50	_____ 2e. Instructor signature confirming 2a-d
_____ 3a Class Subject and Number	_____ 3b. Class Meeting Pattern	_____ 3c. Final Exam Date and Time	3d. Approximate Class Size: <input type="checkbox"/> <30 <input type="checkbox"/> 30-50 <input type="checkbox"/> >50	_____ 3e. Instructor signature confirming 3a-d
_____ 4a Class Subject and Number	_____ 4b. Class Meeting Pattern	_____ 4c. Final Exam Date and Time	4d. Approximate Class Size: <input type="checkbox"/> <30 <input type="checkbox"/> 30-50 <input type="checkbox"/> >50	_____ 4e. Instructor signature confirming 4a-d

Implemented: 11 / 17 / 2016

**CHANGE IN FINAL EXAMINATION TIME AGREEMENT FORM (Model form)**

Term/Year: \_\_\_\_\_

Course Subject/Number: \_\_\_\_\_

Section Number: \_\_\_\_\_

Meeting Day/Time: \_\_\_\_\_

Building/Room: \_\_\_\_\_

Course Title: \_\_\_\_\_

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Original Final Exam Day/Time: \_\_\_\_\_ Building/Room: \_\_\_\_\_

New Final Exam Day/Time: \_\_\_\_\_ Building/Room: \_\_\_\_\_

\_\_\_\_\_  
Instructor (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date