REQUEST FOR FINAL EXAM CHANGE – Summer I 2016  
PAMPLIN COLLEGE OF BUSINESS

Fill form in completely, listing all information concerning courses with exams scheduled within 24 hours. **IMPORTANT:** List or attach your complete exam schedule — not just the one you are changing. For 3 exams within 24 hours, you may change one; for 4 exams within 24 hours, you may change two. **NOTE:** From beginning exam time one day to the same time the next day does not constitute a 24-hour period (EX. 7:45 Monday, 2:00 Monday, and 7:45 Tuesday).

If one of your instructors has another section of the same course, ask if you may reschedule your exam and take it with that section. If the instructor agrees, obtain his or her signature in the appropriate space. If no instructor has a section with which you may take the exam, check with the instructors to see which of them is willing to give you a special exam and have that instructor indicate approval.

- Be sure the name and email address of the instructor granting approval is legible.
- Make certain you sign the form and return it to 1046 Pamplin no later than 5:00 PM on Friday, July 29, 2016.

Upon verification, a copy of this form will be sent via email to the student and appropriate instructor/s.

<table>
<thead>
<tr>
<th>Name</th>
<th>Student Number</th>
<th>E-mail (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Date Major circle one Phone Number

☐ I request an exam time change based on having three (3) or more exams which begin within 24 hours (please list below).
☐ I request an exam time change because (DOCUMENTATION REQUIRED) ______________________________________
   __________________________________________________________________________________

<table>
<thead>
<tr>
<th>Department</th>
<th>Course #</th>
<th>Course Title</th>
<th>Class Time</th>
<th>Exam Date/Time</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATH 1525</td>
<td>Calculus w/ Matrices</td>
<td>MWF 8:00 a.m.</td>
<td>MON., 5/14, 1:05 PM</td>
<td>Dr. John Doe</td>
<td></td>
</tr>
</tbody>
</table>

I wish to change the exam(s) in:

__________________________   from   __________________________   to   ___________________________   ____________________________   from   __________________________   to   ___________________________

Instructor’s Approval: _________________________________________     Office: ________________Mail Code________

Signature

Printed Name/Email Address (Required)

Instructor’s Approval

Signature

Printed Name/Email Address (Required)

I certify that the information provided is correct, and I understand that misrepresentation may constitute an Honor System violation.

Approved ☐ Disapproved ☐

Candice E. Clemenz, Associate Dean