

Form for Student Request to
Change a Final Exam Date

Student Name _____

Course(s) _____

Reason for Change (be specific and provide supporting documentation if applicable) _____

Date Final Scheduled _____ New Final Date _____

Faculty Signature(s) _____

Dean of General Studies and Liberal Arts _____

Granted _____ Denied _____ Date _____

Dean of Education, Health, and Behavioral Services _____

Granted _____ Denied _____ Date _____

Dean of Business and Engineering Technologies _____

Granted _____ Denied _____ Date _____

Executive Dean of the Cambridge Campus

Granted _____ Denied _____ Date _____