

Stetson University • School of Business Administration

Request to Reschedule Final Exam

Date: _____

To: Department Chair, School of Business Administration

From: _____
Student Name

Campus Box: _____ Phone: _____ Email: _____@stetson.edu

I would like to be allowed to take the final exam(s) at a time other than the one(s) published in the examination schedule. The reason(s) for my request are described below:

Course	Published Day/Time for Final	Requested Day/Time for Final
Print Reason(s) for Request: 		

I have spoken with my instructor(s). Their support of this request is indicated by their signature below. (If an instructor does not support this request, his or her reasons can be listed on the back of this page)

Instructor's Signature	Print Name	Date

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ACTION ON THIS REQUEST BY THE DEPARTMENT CHAIR

Approved: _____ Date: _____

Cc: lbcreception@stetson.edu, Student, Instructor(s), Department Chair