

STETSON UNIVERSITY ▪ COLLEGE OF ARTS & SCIENCES
REQUEST TO RESCHEDULE FINAL EXAM

DATE:

TO: Deans, College of Arts & Sciences
108 Elizabeth Hall, Unit 8396

FROM: _____
student name

campus box: _____ phone: _____ email: _____

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

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

I have spoken with my instructors. Their support of this request is indicated by their signatures 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 or Type Name	Date

ACTION ON THIS REQUEST BY THE DEAN'S OFFICE:

APPROVED: _____ DATE: _____

cc: Student, Instructor(s), Dean