## FINAL EXAMINATION SPECIAL CIRCUMSTANCES FORM

## Petition to move an exam to a different date & time

Student Information			
ID: Name:			
Email address:		Date:	
examination schedule requires	tive activity are important to a co all members of the college doing last scheduled final examination	all they can to adhere to the	
travel arrangements made in di	ons to adhering to a final examin isregard of the final examination dual's final examination schedule	schedule or the desire to star	
or program chair involved can d	special circumstances require the determine if the circumstance is it is feasible for the instructor to	compelling, the student and/	
Date and time period of exam:			
	ng this change? What makes your re act the final exam schedule for the g		
Since you identified external confi	flict with your exam date/time, who	nt attempts have you made to i	be at the scheduled exam?
Student signature:			_ Date:
Approved Denied			
If approved, new day and time:			
	Date	Time	
Instructor signature:			Date:
Department chair/program di	rector signature:		_ Date:

Please keep for your own records.