

REQUEST TO RESCHEDULE A FINAL EXAM

Complete and return to Assistant Dean Basinger, Howard College of Arts and Sciences, Brooks Hall room 101.

Name: _____ SUID: _____

Term: _____ Class: FR SO JR SR Major: _____

Email: _____@samford.edu Telephone: _____

I am requesting to reschedule a final exam because:

_____ I have three exams scheduled on the same calendar day.

_____ Reasons other than stated above. Please explain schedule conflict and provide documentation.

Please list all your exams, not just the one you are requesting permission to change.

Course Name & Number	Instructor	Class Meeting Days & Times	Exam Date & Time	Additional Sections Taught by Same Instructor

Assistant Dean Basinger will review the request and send you an email confirming or denying your request. If the request is approved, **it is your responsibility** to contact the instructor to confirm the schedule change.

In signing this request, the student affirms that s/he has adhered to the Honor Code in all statements and representations made in support of this request.

Student Signature: _____

Date: _____