REQUEST TO CHANGE FINAL EXAMINATION DATES

Faculty may not reschedule a student's final examination without the approval of the Registrar.

NAME		Stu	lent #	
DATE _		Berea Email		
			when the student has more than two such ed and contain all requested signatures.	
I.	List the three (or more) courses that have examinations scheduled for the same day:			
II.	List the course	e(s) for which you are requesting a	change, indicate the new date and time, and ob	otain
	the instructor'	s signature.		
	<u>COURSE</u>	NEW DATE AND TIME	INSTRUCTOR'S SIGNATURE	
B. A stu I. II.	Explain the re	eason for this request. (You must at	tach a separate explanation.) Change. Indicate the required information below INSTRUCTOR'S SIGNATURE	w.
C. Stude	ent's Signature_			
Return t	to the Office of	the Registrar, no later than Octob	er 1 st (Fall) or March 1 st (Spring). *********	
Approved			Date	
Comme Revised	nts 12/18			