

STUDENT REQUEST FOR DIFFERENT FINAL EXAM TIME

Student Name (print)			COCC ID Number				
		Current Term:	Fall	Winter	Spring	Summer	20
Phone Number							
Current Mailing Ado	dress						
Which final exam dc	you wish to have changed	?					
Course #	Section#		Instruc	tor			
Day:	ay:Time:		Day:		Ti	me:	
Scheduled Time for Final Exam			To wha	at time do	you wish	to change t	he final exam?
Justification:							

Student Signature	Date				
Instructor Signature, if approved	Date				
Department Chair, if approved	Date				

If approved, send copy with all signatures to Vice President for Instructions Office in Metolius 202.