

Final Exam Reschedule Form

Student must complete this section:

Student's Name _____ ID _____ Date _____

Phone _____ Email _____

Course _____ Instructor _____

Semester _____ Academic Year _____

Original Date/Time for Final Exam _____

Student Rationale for Request:

*A copy of the student's transcript and current class schedule must accompany this form.

**Student must provide documentation and evidence to support this request.

***All Final Exam Reschedule Forms must be brought to the Final Examination Exception Committee as one request per semester.

Academic advisor must complete this section:

I have reviewed the Student Request for Change in Final Examination Schedule policy and procedures with the student listed above. I certify that the student is in good academic standing at DCB.

Signature _____ Date _____

Instructor must complete this section:

Proposed date/time for rescheduled final exam: _____

This request falls within one week of the scheduled exam.

Instructor decision: Deny / Approve

Instructor Rationale:

Instructor Signature _____ Date _____

This request falls outside of the one-week period of the scheduled exam.

Instructor recommendation and rationale to the Final Examination Exception Committee:

Instructor Signature _____ Date _____

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Final Examination Exception Committee (FEEC) Chairperson must complete this section:

This request falls within one week of the scheduled exam and has been approved by the instructor. No further actions are needed.

This request falls within one week of the scheduled exam and has been denied by the instructor. No further actions are needed.

This request falls within one week of the scheduled exam and has been denied by the instructor. The student has chosen to appeal the decision with the FEEC.

Appeal Meeting Date/Time/Location _____

Appeal decision by the FEEC: Approve / Deny

If approved, the rescheduled exam date/time _____

This request falls outside of the one-week period of the scheduled exam and the student needs to meet with their instructor and the FEEC.

Meeting Date/Time/Location _____

Decision by the FEEC: Approve / Deny

If approved, the rescheduled exam date/time _____

FEEC Chairperson Signature _____ Date _____

****FEEC Chairperson is responsible for filing all requests.