

REQUEST FOR FINAL EXAM CHANGE



- Students with more than two examinations within 24 hours may apply for permission to change their exam schedules.
- The usual policy is to change the middle examination in a sequence of three.
- All requests for changes in examinations must be filed by 5:00 P.M. on the last day of classes for the term.

Full Legal Name:				Student ID #:		
- a <u> </u>	Last	First	Middle			
E-mail Address:				Today's	Date:	
FULL CURRENT EXAM SCHEDULE—Complete the exam date for the column and list the course name (e.g., ENG 101) in the appropriate time block						
	Date:	Date:	Date:	Date:	Date:	Date:
8:00-11:00						
12:00-3:00						
3:30-6:30						
7:00-10:00						
		ake lue to conflict with an		the convenience of	the instructor due to _	exams
	Student Si	gnature		University Registrar		

University Registrar's Office • 180 Mossman Building, UNCG • PO Box 26170, Greensboro NC 27402-6170 • 336/334-5946 • (Fax) 336/334-3649