

NORTHWESTERN OKLAHOMA STATE UNIVERSITY

REQUEST FOR CHANGE IN FINAL EXAM SCHEDULE

(Check appropriate request)

_____ **Change is for an individual**

_____ **Change is for entire class**

(name of student)

(course number & name)

(course number & name)

(course instructor)

-

(course instructor)

(current scheduled exam time)

(current scheduled exam time)

Reason for requested change:

Reason for requested change:

RESCHEDULED date & time for exam:

RESCHEDULED date & time for exam:

_____Approved _____Not Approved

_____Approved _____Not Approved

(Instructor's signature)

(Instructor's signature)

_____Approved _____Not Approved

_____Approved _____Not Approved

(School Dean's signature)

(School Dean's signature)