

REQUEST TO CHANGE FINAL EXAM TIME

College of Natural Resources and Environment Advising Center – 138 Cheatham Hall

1. Complete and return form to the CNRE Advising Center (138 Cheatham) **before the deadline set by the Registrar's office** (check the Timetable Calendar for the current semester at <http://registrar.vt.edu/dates-deadlines-accordion/index1.html>).
2. Provide ALL requested information. Both you and the instructor must sign this form before it can be submitted for approval.
3. For three exams scheduled to begin within 24 hours, you may change one; for four exams scheduled to begin within 24 hours, you may change two. All exams must be taken during final exam week. *NOTE: From exam beginning time one day to the same time the next day does NOT constitute a 24-hour period. (Ex: 7:45 Monday, 2:00 Monday, and 7:45 Tuesday).*
4. An instructor may agree to allow you to take your exam with another section of the same course or to reschedule at a time convenient to you both. Have the approving instructor(s) sign in the appropriate place(s) below.

Name: _____ Student ID #: _____

Major: _____ Email: _____ Phone: _____

Term: Fall Spring Summer I Summer II Year: _____

Check an option and list the conflicting exams below:

- I have 3 or more exams scheduled in a 24-hour period
- I have conflicting exam times
- I request an exam time change for another reason (attach letter with explanation)

Please list all exams affected:

CRN	Course	Exam Date	Exam Time	Instructor

I wish to change the exam in _____ from _____ to _____.

Instructor's name (PRINT): _____

Instructor's signature: _____ *Date:* _____

I wish to change the exam in _____ from _____ to _____.

Instructor's name (PRINT): _____

Instructor's signature: _____ *Date:* _____

I wish to change the exam in _____ from _____ to _____.

Instructor's name (PRINT): _____

Instructor's signature: _____ *Date:* _____

I certify that the information provided is correct and that any misrepresentation may constitute an Honor Code violation.

Student Signature: _____ Date: _____

For office use only

Approved: Denied: Director Signature: _____ Date: _____