

# Final Exam Change

**Instructions for Students:**

Please complete the request, save an electronic copy for your records; forward the completed request as an email attachment (PDF file) to your Professor. Once your request is approved your request will be forwarded to the Registrar's Office for processing. Please note that by submitting this request you are agreeing to the terms and conditions in this request and any related policies and/or procedures in the current Academic Catalog.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Students who have three final exams in one day may reschedule the middle exam for the make-up exam period.

I would like to reschedule the following exam:

Course No.	Title	Professor

Reason: \_\_\_\_\_

**Instructions for Professors:**

1. Please note your approval/denial of a request in the space provided on this form.
2. Print to Adobe PDF or PDF Creator.
3. Email the Approved form to registrar@fc.edu for processing

Professor's Approval \_\_\_\_\_ Date \_\_\_\_\_