



# REQUEST FOR FINAL EXAM SCHEDULE CHANGE

CG

CLC

CLS

PR

HOC

**Instructions:**

1. Student obtains this form **for each exam requested to be changed** from Student Services Office or school website.
2. Student **AND** parent complete and sign this form together.
3. Student obtains teacher approval on this form.
4. Student submits completed form to Student Services Office for final approval.
5. A copy of each approved form will be given to the teacher.

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
*please print*

This request is for a:  1<sup>st</sup> semester final exam  2<sup>nd</sup> semester final exam

I request that my exam schedule be changed as follows:

I would like to take my exam for \_\_\_\_\_  
*class*

during \_\_\_\_\_ period on \_\_\_\_\_  
*date*

for the following reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*student signature* *date*

\_\_\_\_\_  
*parent/guardian signature* *date*

**For the teacher to complete:**

**I have verified the request as being legitimate; such a change will not inconvenience the class, and I approve the requested change in the exam schedule for this student.**

\_\_\_\_\_  
*printed teacher name* *teacher signature* *date*

**For administrator:**

**I have verified the request as being legitimate; such a change will not inconvenience the class, and I approve the requested change in the exam schedule for this student.**

\_\_\_\_\_  
*printed administrator name* *administrator signature* *date*