

**OFFICE OF THE ACADEMIC VICE PRESIDENT
REQUEST FOR SPECIAL SCHEDULING OF FINAL EXAMINATION
(To be filled out by student, AVP approval pending Faculty approval)**

Date_____

Student Name_____

Course Number_____ Professor_____

Scheduled Time For Final_____

Requested Time For Final (date and time)_____

Reason_____

Recommended _____

Not Recommended_____

Comments:

Professor's Name _____

Professor's Signature _____

Approval (Pending Faculty approval)_____

DENIAL_____

COMMENTS:

Academic Vice President