

Final Exam Change Request Form

Date: _____

Contact Information

Name: _____

Email: _____ Phone: _____

Subject (4-letter code): _____

Course Number (5-digit number): _____

Section (2-digit number): _____

Idents: _____

(*All Identified courses MUST have a Subject, Course Number, and Section)

Quarter: _____
(Example: Spring 2003)

Check one: Exam Change Exam Addition Exam Cancellation

ORIGINAL FINAL EXAM INFORMATION

Title: _____

Instructor: _____
(*FULL name* must be given, enter last name first)

Day, Date: _____
(Example: Monday, June 11)

Start Time: _____ End Time: _____

Room Assignment: Building: _____ Room: _____

Number of Students Taking Exam: _____

Notes: _____

NEW/CHANGE FINAL EXAM INFORMATION

Title: _____

Instructor: _____
(*FULL name* must be given, enter last name first)

Day, Date: _____
(Example: Monday, June 11)

Start Time: _____ End Time: _____

Preferred Room Assignment: Building: _____ Room: _____

Number of Students Taking Exam: _____

Notes: _____

Please use notes field for clarification if you are unable to fully convey your change in the provided fields. Also include any special requests or questions there. Please contact John Plampin (2-7882, or [j-plampin@uchicago.edu](mailto:plampin@uchicago.edu)) or your scheduler in the Registrar's Office if necessary.