

**REQUEST FOR ALTERNATE FINAL EXAM TIME
DEPARTMENT OF COMPUTER SCIENCE**

Your Name _____

Email address _____

BGSU ID Number: 00 _____.

Telephone Numbers: Daytime _____ Evening _____

Class: CS _____ Time/Day: _____ Instructor _____

If you are requesting an alternate final exam time because you have three final examinations on the same day, enter the other two classes with exams on the same day. (The department will verify your registration in these sections.) Also, fill out if you have two exams at the same time.

First Course: _____

Instructor: _____

Class Meeting Time & Day: _____

Second Course: _____

Instructor: _____

Class Meeting Time & Day: _____

If you are requesting an alternate final exam time for some other serious reason, please state your reason below:

Please return this form to the computer science secretary in Hayes 221. The request will be considered by the department. You will be contacted by your instructor after a decision has been made. The final exam must be taken at the scheduled time if you have not been given an alternate time and date by your instructor.

FOR DEPARTMENTAL USE

Request is: ___ Approved ___ Denied

Comments:

Authorized Signature