

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

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Email address \_\_\_\_\_

BGSU ID Number \_\_\_\_\_

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.

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**FOR DEPARTMENTAL USE**

Request is  Approved  Denied

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature