



Final Exam Schedule Change Form

Student Name _____

Consideration for changing an exam will be made if you have **four** exams on one day.

Complete the following with your current exam schedule:

1st Day Exam(s)

1. _____

3. _____

7. _____

9. _____

5/6. _____

2nd Day Exam(s)

2. _____

4. _____

8. _____

Steps:

1. Which exam are you requesting to be changed? _____

2. Which period are you requesting to move your exam to? _____

3. Teacher Verification/Approval (Signature) _____

4. Office Approval (Signature) _____

5. After receiving office approval, return this form to the cooperating teacher.