APPLICATION FOR EARLY FINAL EXAMINATION

Name ___________________________ ID # ____________ Semester ___________ Year _________

Final examination schedules are posted on the University webpage and MyGFU. Students are required to take the final examination at the time scheduled for each course. Please refer to the final schedule and its accompanying paragraphs, and to the University catalog policy on “Attendance” and “Final Examinations” before completing the form below.

An application for exception to the above policy will be considered provided only in the following circumstances:

1. A time conflict occurs between final exams. (Indicate the time conflict below).
   - Three or more exams scheduled in one day
   - Two exams scheduled at the same time
2. The application is received in the Registrar’s Office before the end of the 10th week of the semester.
3. The advance examination is to be taken not earlier than Wednesday of the 14th week of the semester.

If the above time conflicts occur, the instructor and student may arrange to reschedule the exam at a mutually agreed upon time. Complete the form below in consultation with your advisor and professor, then return it to the Registrar’s Office for final approval. You and your instructor will receive an email from the Registrar’s Office indicating if your application has been approved or denied.

STUDENT EARLY FINAL EXAM INFORMATION

Year in School ____________________ Phone ________________________________

Course Number ___________ Course Title ___________________________ Professor ___________

Scheduled Exam Date ____________________ Time ____________________

Requested Exam Date ____________________ Time ____________________

Conflicting final exam(s) ________________________________

Advisor Support: □ Recommend □ Do Not Recommend
Advisor’s Signature: ___________________________________________ Date __________

Professor Support: □ Recommend □ Do Not Recommend
Professor’s Signature: ___________________________________________ Date __________

For Office Use: □ Request Approved □ Request Denied
Registrar’s Signature: ___________________________________________ Date __________