**EXAM SESSION CHANGE REQUEST**

|  |  |
| --- | --- |
|  | FINAL EXAMINATION |
|  | |
|  | MID-TERM TESTS |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPTARTMENT:** | ……………………………..……………………………….……………….. | **SEMESTER:** | ……………………………………………… |

The following information is to be completed by the class instructor upon the class students’ request:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Code:** | ………………...………….. | | **Title:** | ………………...……………………………………….. | | | | **Course Section:** | …………………. |
|  | | | | | | | | | |
| **The Current Exam Session:** | | | ………………...………………….. | | **Day & Date:** | | …………………………………………….…...………….. | | |
| **The Requested Exam Session** | | | | | | | | | |
| Option 1 | | Option 2 | | | | Option 3 | | | |
|  | |  | | | |  | | | |

**Ensure the following when selecting the above listed options.**

1. There is no time conflict, for any student registered in the same course.
2. All registered students, of all course sections, should sign their names in a roster which should be attached to the same form.
3. The above request should be submitted within the assigned period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class Instructor :** | ………………………………………………. |  | ………………………………………………. |  | …………………..…………………… |
| Name |  | Signature |  | Date |
|  | | | | | |
| **Course Director / BS Coordinator :** | ………………………………………………. |  | ………………………………………………. |  | …………………..…………………… |
| Name |  | Signature |  | Date |

**Note:** Any session has time conflict will not be taken into account.