

FINAL EXAM REQUEST FORM

If you would like the Course Building and Academic Space Management Office to schedule a final exam for your course(s).

List the course(s) that you would like a final exam scheduled.

Note: CRN is the Course Reference Number. Refer to final exam guidelines.

Faculty Last Name: _____ Faculty First name: _____

Term: _____

Course Rubric _____ Number _____ Section _____ CRN _____ Total Enrollment _____ Cross Listed? Y I N If Y List CRN: _____

Meet Pattern: Mon. Tues. Wed. Thurs. Fri.

Start Time: _____ End Time: _____

Is double seating essential for this final exam? Yes No

Please list additional course(s) to be scheduled at the same time:

Course Rubric _____ Number _____ Section _____ CRN _____ Total Enrollment _____ Cross Listed? Y I N If Y List CRN: _____

Meet Pattern: Mon. Tues. Wed. Thurs. Fri.

Meet Time: _____

Course Rubric _____ Number _____ Section _____ CRN _____ Total Enrollment _____ Cross Listed? Y I N If Y List CRN: _____

Meet Pattern: Mon. Tues. Wed. Thurs. Fri.

Meet Time: _____

Course Rubric _____ Number _____ Section _____ CRN _____ Total Enrollment _____ Cross Listed? Y I N If Y List CRN: _____

Meet Pattern: Mon. Tues. Wed. Thurs. Fri.

Meet Time: _____

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Course Rubric _____ Number _____ Section _____ CRN _____ Total Enrollment _____ Cross Listed? Y I N If Y List CRN: _____

Meet Pattern: Mon. Tues. Wed. Thurs. Fri.

Meet Time: _____

Do you have specific equipment or room needs? Please list here:

Comments/Additional Information:

Contact Name: _____ Date (MM/DD/YYYY): _____

Telephone #: _____ Email: _____