



**APPLICATION FOR SPECIAL FINAL EXAMINATION**

PLEASE PRINT

PERSONAL INFORMATION		ACADEMIC INFORMATION					
LAST NAME		ID NUMBER					
FIRST NAME		<b>SPECIAL FINALS APPLIED FOR</b>					
MIDDLE NAME		COURSE/SECTION					
<b>CONTACT INFORMATION</b>		FACULTY					
ADDRESS		ORIGINAL FINAL EXAM SCHEDULE	_____		DATE		
TEL. NO.	( )		_____		TIME		
MOBILE NO.	( )	<b>REASON FOR SPECIAL FINAL EXAM</b>					
EMAIL		<input type="checkbox"/> Conflicts with final exam of course below:					
<b>SIGNATURE OF STUDENT</b>		COURSE/SECTION					
		FACULTY					
<b>APPROVAL</b> (ACCOMPLISH IN SEQUENCE)		FINAL EXAM SCHEDULE	_____		DATE		
FACULTY			_____		TIME		
		<input type="checkbox"/> Other reason (please state)					
CHAIR							
<b>SPECIAL FINAL EXAMINATION SCHEDULE</b> (TO BE FILLED BY FACULTY)							
COURSE/SECTION		DATE		TIME		ROOM	
<b>TERMS AND CONDITIONS</b>							
1. <b>NOTE TO FACULTY:</b> The result of this Special Final Examination (SFE) must be considered already in the computation of the final grade submitted to the Office of the University Registrar. Otherwise, any revision of the final grade resulting from this SFE should be done through the regular "Change of Grade" procedure.				2. This form must be accomplished in triplicate (3 copies) and submitted to the Office of the University Registrar (Window 6) when all necessary signatures have been completed.			
3. This request shall be deemed final and valid only upon submission to the Office of the University Registrar. The student must retain a copy of the approved form for future reference.				4. This form should be accomplished PER Special Final Examination.			