

NORWICH UNIVERSITY

Rescheduled Final Exam Form

Student Information

Student's Name: _____ Student A#: _____

Major: _____ Academic Advisor: _____

Student Email: _____ Student NU Mailbox: _____

Statement of Request *(with attached Documented Need if applicable)*

Student's Signature

Date

If additional space is required, use the back of this form or 8 ½ X 11 paper

Recommendation: _____

Course Instructor: _____ Date: _____

Recommendation: _____

School Dept Chair or Director of Course: _____ Date: _____

Form's Instructions

1. Student **MUST** complete the Student Information and Statement of Request sections.
2. Student should include as much detail as possible when completing the section on Statement of Request, to include CRNs, course subject, number, and course section.
3. Student is responsible for getting the appropriate signatures.

Submit Form to the Registrar's Office when COMPLETED for Student Folder

Registrar's Notation: _____ Date Recorded: _____ Revised 12/08