

# UNIVERSITY OF PIKEVILLE

## Request to Reschedule a Final Exam

Due Date: Two Weeks Before Scheduled Exam

(Date varies each semester – see Academic Calendar)

**A COPY OF THE STUDENT'S CLASS SCHEDULE FOR THE TERM MUST BE INCLUDED WITH THIS FORM FOR THE REQUEST TO BE PROCESSED.**

### **Student Information:**

Name \_\_\_\_\_ UPIKE ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Class (Circle one) FR SO JR SR Major \_\_\_\_\_

*If a UPIKE undergraduate student is scheduled for more than two final exams on the same day, excluding evening or online exams, the student may request their individual final for the class with the highest catalog number be rescheduled. (EX: A student has three finals on Wednesday for these courses: ECN 202, BUS 325, and BUS 328. The student may request the final for BUS 328, the course with the highest catalog number, be rescheduled.) In case this highest number is shared by more than one course, the final exam for the course whose departmental prefix is first alphabetically may be rescheduled for the student. (EX: A student has three finals on Wednesday for these courses: (BUS 426, HIS 490, MTH 490. The student may request the final for HIS 490, the course with the highest number and the first prefix alphabetically, be rescheduled.)*

### **Course Information for Requested Rescheduled Final Exam:**

Course Department and Number \_\_\_\_\_ Term \_\_\_\_\_

Course Title \_\_\_\_\_

Credit Hours \_\_\_\_\_ UPIKE Faculty \_\_\_\_\_

Scheduled Date/Time for Final Exam \_\_\_\_\_

Student \_\_\_\_\_

Signature

Date

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### **BELOW TO BE COMPLETED BY FACULTY MEMBER:**

Rescheduled Date/Time for Final Exam \_\_\_\_\_

Faculty \_\_\_\_\_

Signature

Date

Faculty member must report rescheduled date/time to their Dean/Chair and to [registrar@upike.edu](mailto:registrar@upike.edu)