

**REQUEST FOR ALTERNATE FINAL EXAM TIME
DEPARTMENT OF COMPUTER SCIENCE**

Your Name: _____

Email address: _____

BGSU ID Number: _____

Phone Number: _____

Computer Science Course Information

CS Course: _____

Instructor: _____

Class Meeting Time & Day: _____

You may request an alternate final exam time for either of these reasons:

1. You have three final examinations on the same day
2. You have two exams at the same time

Enter information below for the other classes with exams on the same day/same time.
(The department will verify your registration in these sections.)

First Course: _____

Instructor: _____

Class Meeting Time & Day: _____

Second Course: _____

Instructor: _____

Class Meeting Time & Day: _____

If you are requesting an alternate final exam time for some other serious reason, please state your reason below:

Please email this form to the Computer Science undergraduate coordinator. The request will be considered by the department. You will be contacted by your instructor after a decision has been made. The final exam must be taken at the scheduled time if you have not been given an alternate time and date by your instructor.