OFFICE OF THE REGISTRAR

MIAMI UNIVERSITY

OXFORD, OHIO 45056

CHANGE OF FINAL EXAMINATION

SEMESTER: 1ST_____ 2ND_____ SUMMER_____ ACADEMIC YR._____

DEPT:_____ COURSE NO:_____ SECTION:_____ CREDIT HOURS:_____

NUMBER OF STUDENTS:_____ DOUBLE SEATING REQUIRED: YES_____ NO _____

TIME REQUESTED:_____ DAY:_____

SPECIAL EQUIPMENT NEEDED:_____

INSTRUCTOR(S):_____

JUSTIFICATION:_____

Request prepared by:_____ Date:_____

Department approval:_____Date:_____

Divisional approval:_____ Date:_____

Please submit this form to the Office of the Registrar for room scheduling.