



2600 South First Street • Temple, Texas 76504-7435
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REQUEST TO RESCHEDULE FINAL EXAM

To be completed by the student:

Name of Student: _____ Student ID _____

Course Number and Section Number: _____

Reason for Requesting Rescheduling: _____

To be completed by instructor:

_____ Approved _____ Not Approved

If approved, complete the following information:

Rescheduled for:

Date	Time	Location
_____	_____	_____

Signature of Instructor	Date
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To be completed by the Division Director:

_____ Approved _____ Not Approved

Signature of Division Director	Date
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Signed original should be filed in the Division office and a copy retained by the instructor.