



# In-Class Final Exam Exemption Request

THIS FORM IS TO BE COMPLETED BY INSTRUCTOR AND APPROVED BY DEPARTMENT CHAIR:

DATE: \_\_\_\_\_

FACULTY NAME: \_\_\_\_\_

PLEASE LIST THE FINALS THAT DO NOT REQUIRE A ROOM TO BE ASSIGNED BELOW.

TERM	COURSE #	SECTION #	COURSE TITLE	DAY & TIME	CREDITS

PLEASE DESCRIBE EVALUATION or ASSESSMENT THAT WILL be ADMINISTERED in LIEU of a TRADITIONAL EXAM:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. \_\_\_\_\_ DATE: \_\_\_\_\_  
INSTRUCTOR'S SIGNATURE

2. \_\_\_\_\_ DATE: \_\_\_\_\_  
DEPARTMENT CHAIR OF COURSE or DEAN if INSTRUCTOR is CHAIR

**OFFICE OF THE REGISTRAR ONLY**

EXAM REMOVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_