DREXEL UNIVERSITY
Office of the
University Registrar

Please complete all fields and return to Curtis Hall, Room 261

Last Name: First Name: Middle Initial:

University ID: Email Address: Phone:

Term: Year:

Please list those final examination(s) that are in conflict or are scheduled for the same day:

Course/Section	Date and Time of Exam	Instructor Name

Rescheduling of final examinations is determined according to the final examination policy found at:
http://www.drexel.edu/provost/policies/examinations.html

Fall Term	High catalog number
Winter Term	Low catalog number
Spring Term	High catalog number
Summer Term	Low catalog number

Student Authorization

Submitted by (Print)

Signature of Student

Date:

For Internal Use Only

Date Received Initials