**Final Examinations Special Circumstances Form (August 2012)**

**Name**:

**E-mail address**:

**Contact phone number**:

**Final examinations and evaluative activity contribute importantly to a college education. The sound functioning of a final examination schedule requires all members of the college doing all they can to adhere to the schedule. A term does not end until the end of each student’s last, scheduled, final examination period. Students will be granted exceptions to adhering to a scheduled final examination period only for compelling reasons that rarely include travel arrangements made in disregard of the final examination schedule or the desire to start employment, internship positions, etc. before an individual’s final examination schedule has ended. Requests for changes involving special circumstances require that the student fill out this form so that the department or program chair involved can determine if the circumstance is compelling, the student and student’s family has exhausted other remedies, and it is feasible for the instructor to make other arrangements.**

1. **Courses being taken this semester. Check the box for those for which you are seeking an exemption from the final exam schedule. (Chairs and program directors are encouraged to consult with one another before making a final decision):**
* Department \_\_\_\_\_\_\_ Course number \_\_\_\_\_ Section \_\_\_\_ Instructor(s) \_\_\_\_\_\_\_ box
* Scheduled final exam: date \_\_\_\_\_\_\_ and time \_\_\_\_\_\_\_\_
* Department \_\_\_\_\_\_\_ Course number \_\_\_\_\_ Section \_\_\_\_ Instructor(s) \_\_\_\_\_\_\_ box
* Scheduled final exam: date \_\_\_\_\_\_\_ and time \_\_\_\_\_\_\_\_
* Department \_\_\_\_\_\_\_ Course number \_\_\_\_\_ Section \_\_\_\_ Instructor(s) \_\_\_\_\_\_\_ box
* Scheduled final exam: date \_\_\_\_\_\_\_ and time \_\_\_\_\_\_\_\_
* Department \_\_\_\_\_\_\_ Course number \_\_\_\_\_ Section \_\_\_\_ Instructor(s) \_\_\_\_\_\_\_ box
* Scheduled final exam: date \_\_\_\_\_\_\_ and time \_\_\_\_\_\_\_\_
* Department \_\_\_\_\_\_\_ Course number \_\_\_\_\_ Section \_\_\_\_ Instructor(s) \_\_\_\_\_\_\_ box
* Scheduled final exam: date \_\_\_\_\_\_\_ and time \_\_\_\_\_\_\_\_
1. **What changes to the schedule of your final examinations are you seeking?**
2. **What makes your exemptions compelling with respect to a clear financial hardship or a conflict that should override students’ obligations to respect the final exam schedule for the good of the community and because of the importance of academic obligations?**
3. **Please note attempts that you have made to be at the scheduled exams once you perceived problems (e.g., efforts to rebook flights, to have an employer allow you to start later, etc.)?**