

The University of Louisiana at Monroe  
College of Arts, Education, and Sciences  
Advising Form: **Rescheduling Final Examination**

Name _____	Student Number _____	Date _____
Advisor _____	Major _____	Term _____
Course Title, Number, and Section _____	Current Exam Date and Time _____	Rescheduled Exam Date and Time _____

Reason for Change \_\_\_\_\_

Student's Signature and Date \_\_\_\_\_

Instructor's Signature and Date \_\_\_\_\_

- Approve
- Disapprove

Director's Signature and Date \_\_\_\_\_

- Approve
- Disapprove

Dean's Signature and Date \_\_\_\_\_

- Approve
- Disapprove