Ohio Northern University - Request to Change Final Examination Schedule

Only for use by students with three (3) or more final examinations scheduled on one day.

A student with three (3) or more final examinations scheduled on one day may seek relief through the Registrar's Office no later than the last day of the twelfth week of classes. The Registrar's Office, after consultation with the affected faculty members, shall reschedule the appropriate exams to ensure that a student has no more than two (2) exams in one day.

2011 Full time Faculty Handbook Section 3.19 Final Examination Policy

Students are welcome and encouraged to first consult with their instructor to identify another time for one of the exams. If resolution is not obtained, then this form should be completed and submitted to the Registrar's Office on or before the last day of the twelfth week of classes.

STUDENT ID# _____ (NAME) LAST _____ FIRST _____ MIDDLE _____

EMAIL ADDRESS _____ PHONE NUMBER _____ TERM _____ YEAR _____

Please list your entire final examination schedule below.

CRN	SUBJECT	COURSE	SECTION	Exam Date	Exam Time	Instructor Name

STUDENT Signature _____ Date _____

Process:

1. Submit the completed form to the Registrar's Office. NOTE: Deadline for submission is the the last day of the twelfth week of classes.
2. The Registrar's Office will confirm that the exam is being given in each of the courses you listed and then contact the instructor(s) of the exams to identify a resolution. The Registrar's Office will contact you by email when the instructor(s) have responded to the request.
3. After receiving that email from the Registrar's Office, the student must contact the instructor to finalize the arrangement for re-scheduling the exam.

Ohio Northern University Office of the Registrar

Office location: 101 Lehr Memorial Building
Office hours: Monday through Friday 8:00am to 5:00pm
Phone number: 419 772-2024
Email: registrar@onu.edu
Fax number: 419 772-2627
Mailing address: Ohio Northern University
Registrar's Office
525 S. Main Street
Ada, OH 45810

For office use only:

Instructor Contacted: _____

Contacted by: _____ Date: _____

Resolution emailed to student by: _____

Date: _____

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