

REQUEST TO CHANGE FINAL EXAMINATION SCHEDULE

Semester:

Campus: ☐ Men's ☐ Women's

- The official student acknowledgment sheet, signed by all students enrolled in the course within the campus, **must be attached to this form**.
- Once approved, the original copy **must be submitted** to the Examination Control Committee (ECC) Chair.
- The new final exam date **must fall within the officially approved examination period**.
- The proposed new exam date and time **must not conflict with any other final exams of students** enrolled in the course.
- By signing the acknowledgment sheet, students confirm that the proposed new exam date/time **does not conflict** with their other final exams.

Section A – Course Information (to be filled by the course instructor)

Course Code	Course Title	Section Number	Course Instructor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Final Exam Unified between Men's and Women's campuses: ☐ Yes ☐ No

	FROM (Original Exam Schedule)	TO (Requested Exam Schedule)
Day	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Time	<input type="text"/>	<input type="text"/>
Location	<input type="text"/>	<input type="text"/>

Section B – Reason for Change (to be filled by the course instructor)

(Provide detailed justification. Attach supporting documents if needed.)

Instructor's Name: Signature: Date:

Instructor's E-mail: @psu.edu.sa

Section C – Approval Signatures - Signatures must be obtained in the order listed below

1. Department Chair: Signature: Date:
2. ECC Chair: Signature: Date:
3. VPAA: Signature: Date:

STUDENT ACKNOWLEDGMENT SHEET – FINAL EXAM CHANGE REQUEST

- All students enrolled in this course within the campus must write their names, university IDs, and provide their signatures below to confirm awareness and approval of the requested change to the final examination schedule.
- By signing, students also confirm that the proposed new exam date/time **does not conflict** with their other final exams.

	Student Name	University ID	Signature
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If the number of students exceeds 30, please continue on an additional acknowledgment sheet and attach it to this form.

FOR DAR USE ONLY

Processed (Date): _____ By: _____ Signature: _____