MIAMI UNIVERSITY

OFFICE OF THE
UNIVERSITY REGISTRAR

CHANGE OF STANDARD FINAL EXAMINATION

SEMESTER: Fall ☐ Spring ☐ ACADEMIC YEAR: _____

CRN: _____ DEPT: _____ COURSE NO: _____ SECTION: _____

NUMBER OF STUDENTS: _____ DOUBLE SEATING REQUIRED: Yes ☐ No ☐

TIME REQUESTED: _____ DAY: _____

INSTRUCTOR(S): _____

JUSTIFICATION:

Request prepared by: _____ Date: _____

Department approval: _____ Date: _____

Division approval: _____ Date: _____

Please email classroomscheduling@MiamiOH.edu with any questions or to submit this form to the Office of the University Registrar.