

# Enrollment Services/Academic Support

## Final Exam Change/Conflict Resolution Form

Forward all requests to Academic Support, BH-123 or fax to 5-7003

Term:  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_

Course Abbreviation and Number	Number	Number	Enrollment	Instructor

	Exam Hours	Exam Days	Location
Current			
New			

Office Use Only: \_\_\_\_\_

Course Abbreviation and Number	Section Number	Class Number	Current Enrollment	Instructor

	Exam Hours	Exam Days	Location
Current			
New			

Office Use Only: \_\_\_\_\_

Course Abbreviation and Number	Section Number	Class Number	Current Enrollment	Instructor

	Exam Hours	Exam Days	Location
Current			
New			

Office Use Only: \_\_\_\_\_

Course Abbreviation and Number	Section Number	Class Number	Current Enrollment	Instructor

	Exam Hours	Exam Days	Location
Current			
New			

Office Use Only: \_\_\_\_\_

**Additional Information:**

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_  
 College Dean Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**  
 Scheduled by: \_\_\_\_\_  
 Date: \_\_\_\_\_