

A-8

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

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

Student's Signature and Date _____

Instructor's Signature and Date _____

- Approve
- Disapprove

Dean's Signature and Date _____

- Approve
- Disapprove