Berkeley Division of the Academic Senate

Committee on Courses of Instruction (COCI)

PETITION FOR FINAL EXAM GROUP CHANGE

Instructors are expected to hold final exams for their courses at the regular date and time published in the Final Exam Schedule. Under exceptional circumstances, a change to the final exam group for a course may be requested and approved. Departments seeking to reschedule final exams for a course for a different exam group must complete this form and submit it to the Committee on Courses of Instruction (COCI). [Note that accommodation of individual students or small groups of students with religious or other conflicts does not require COCI approval.]

COCI should receive petitions at least two weeks before the beginning of instruction for the affected course. If the petition is received too late to review before instruction begins, COCI may still grant approval; however, in this case the instructor for the course will be required to hold the final exam at the regularly scheduled exam group time as well as at the new exam group time. [Please note that in no case will COCI consider a petition received after the fifth week of instruction.]

Send the completed form to COCI at 320 Stephens Hall, MC 5842.

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| REQUIRED INFORMATION | | |
| I. Course and Exam Details | | |
| Department: | Course Numbe | r |
| Course Title: | | |
| Effective Term (Fall/Spring) & Year: | | |
| Regular Exam Group: | Regular Exam Day: | Regular Exam Time: |
| Requested Exam Group: | Requested Exam Day: | Requested Exam Time: |
| II. Please explain the reason for your request. To maintain fairness and consistency across campus and for the nearly 25,000 students taking written exams each semester, COCI will approve changes to scheduled exam times only under exceptional circumstances and not simply for convenience. Please provide as many details as possible to help COCI evaluate the circumstances leading to your request. | | |
| III. The Office of the Registrar's classroom scheduling staff must confirm that space is available for the requested exam group before COCI will review this request. | | |
| Check here to indicate that the Office | e of the Registrar has confirmed that | classroom space is available: |
| DEPARTMENT CHAIR SIGNATURE | E Date | |
| COCI Review Denied: Approved: | | |

If approved, exam to be given at *(check all that apply)*:
____ New date and time ____ Regular date and time