

CLARENDON COLLEGE
Permission to take Final Exams Early

Name: _____ Date: _____

Student ID Number: _____

Reason for needing to take your final(s) early with documentation: _____

Course: _____

Date and Time of Scheduled Final: _____

*Date and Time of Early Final: _____

Approval of the Instructor: _____

Course: _____

Date and Time of Scheduled Final: _____

*Date and Time of Early Final: _____

Approval of the Instructor: _____

Course: _____

Date and Time of Scheduled Final: _____

*Date and Time of Early Final: _____

Approval of the Instructor: _____

Course: _____

Date and Time of Scheduled Final: _____

*Date and Time of Early Final: _____

Approval of the Instructor: _____

Course: _____

Date and Time of Scheduled Final: _____

*Date and Time of Early Final: _____

Approval of the Instructor: _____

Approval of the Coach: _____

Approval of Dean of Instruction: _____

***Please note failure to show up at the designated date and time for the Early Final will result in a "Zero" for the final exam grade.**