



Mount Ida College

Non-Standard Final Exam Request

Office of the Registrar, 777 Dedham Street, Newton, MA 02459
phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu

Directions for filling out the form:

Fields marked with asterisks (*) are required. Please be aware that this is a request. Your request should not cause conflicts for students, and if arrangements are made with a student, please indicate this in the comments section of this form.

**Course Information:*

Professor: _____

School: _____ **Program:** _____

Course: _____ **Section:** _____

**Requested Day:*

Wednesday 5/10/06

Sunday 5/14/06

Thursday 5/11/06

Monday 5/15/06

Friday 5/12/06

Tuesday 5/16/06

Saturday 5/13/06

**Requested Time*

Block 1: 8:00am – 10:00am

Block 2: 12:00pm – 2:00pm

Block 3: 3:00pm – 5:00pm

Block 4: 6:00pm – 8:00pm

Block 5: 8:00pm – 10:00pm

Non-Block Time: _____

Requested Room(s):

Building and Room: *Please request a specific room*

1. _____

2. _____

Comments: _____

Professor's Signature: _____

This form must be returned to the Office of the Registrar by March 10, 2006.