

Finals Week Classroom Waiver Form

Questions? Please contact Office of the University Registrar, Classroom Scheduling.
412-624-7641

Your Class Information:

Date of Request:

Last Name:

First Name:

Phone Number

Subject	Catalog #	Section	Class #	Building/Room	Start Time	End Time	M	T	W	H	F	S
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all dates your classroom is not needed during finals week.

If combined, list other subjects, catalog #s, sections and class #s.

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
---	---

Subject	Catalog #	Section	Class #	Building/Room	Start Time	End Time	M	T	W	H	F	S
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all dates your classroom is not needed during finals week.

If combined, list other subjects, catalog #s, sections and class #s.

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
---	---

Subject	Catalog	Section	Class #	Building/Room	Start Time	End Time	M	T	W	H	F	S
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all dates your classroom is not needed during finals week.

If combined, list other subjects, catalog #s, sections and class #s.

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
---	---

Your Departmental Administrator Information:

Last Name:

First Name:

Phone #:

Reminders:

1. All evening classes meeting after 6:00 pm will meet in your same classroom during the final exam week.
2. If an undergraduate day course is combined with a graduate day course, the exam was scheduled as it was the previous like term. If the exam needs to follow a different schedule, please call 412-624-7641 .
3. If you need a different classroom or additional time for your exam, your departmental administrator must submit a Special Classroom Permit.
4. No exceptions to the day and time of your scheduled exam unless approved by the appropriate Dean's Office and the University Registrar.