

PETITION FOR MIDTERM EXAMINATION SCHEDULE CHANGE

Student Name _____ Email address: _____

Phone: _____

Anticipated Graduation Date _____ 2L__ 3L__

Change Requested and Reason for the Request:

Please indicate below which examination you are requesting to change.

Course Name: _____ Professor: _____

Date and Time of Exam: Date _____ Time _____

Reschedule Date _____ Reschedule Time _____

All representations contained herein are true, accurate and complete to the best of my knowledge.

Student Signature: _____

Date: _____

Action by Faculty Support Specialist:

Course Name _____,

Length and format of exam: ___ M/C; ___ Essay; ___ Other

Rescheduled Date: _____

Rescheduled Time: _____

Action by Dean: _____