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: ___________________________
