

# PETITION FOR MIDTERM EXAMINATION SCHEDULE CHANGE

Student Name \_\_\_\_\_ Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ 2L\_\_ 3L\_\_

## Change Requested and Reason for the Request:

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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: \_\_\_\_\_

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## Action by Faculty Support Specialist:

Course Name \_\_\_\_\_,

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

Rescheduled Date: \_\_\_\_\_

Rescheduled Time: \_\_\_\_\_

Action by Dean: \_\_\_\_\_