

**Student and Instructor Information** 

## Petition to Reschedule Examinations on or Later than December 23rd

## Student's First Name: Instructor's First Name: Student's Last Name: Instructor's Last Name: Instructor's UNI: Student's UNI: School Enrolled: Course and Exam Information Department: Course Number: Course Title: Exam Date & Time: Please Briefly Describe Your Circumstances Date: \_\_\_\_ Student Signature: Dean of Student Affairs Signature: Date: Additional Comments: Rescheduled Exam Date & Time: