Petition to Reschedule Examinations on or Later than December 23rd

Student and Instructor Information

Student's First Name: ______________________  Instructor's First Name: ______________________
Student's Last Name: _______________________  Instructor's Last Name: ______________________
Student’s UNI: ____________________________  Instructor’s UNI: ____________________________
School Enrolled: ____________________________

Course and Exam Information

Department: ________________________________  Course Number: ____________________________
Course Title: ________________________________
Exam Date & Time: __________________________

Please Briefly Describe Your Circumstances


Student Signature: _____________________________  Date: __________________
Dean of Student Affairs Signature: _____________________________  Date: __________________
Additional Comments: ____________________________________________
Rescheduled Exam Date & Time: ______________________________________

Please submit this form to the Committee on Academic Standing, on 403 Lerner Hall, on or before December 1st.