

Petition for Midterm Examination Schedule Change

Student Name: _____ Email Address: _____

Phone: _____ Anticipated Graduation Date: _____ 2L 3L

Change Requested and Reason for 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: _____