

**PETITION TO RE-SCHEDULE AN EXAM  
DUE TO THREE OF MORE EXAMS ON THE SAME DAY**

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Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Teacher of rescheduled exam \_\_\_\_\_

Time schedule for exam \_\_\_\_\_

*Exams may only be rescheduled due to three of more exams on the same day. Please give complete details concerning your petition:*

<b>Course</b>	<b>Exams Scheduled</b>		<b>Professor</b>
	<b>Day</b>	<b>Time</b>	

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**LEAVE THIS FORM WITH THE TEACHER WHO IS GIVING THE EXAM.**

Faculty Recommendation: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

**This request is:**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Academic Vice President's Signature

\_\_\_\_\_  
Date