



Student Petition Form for Changing Final Exam Dates/Times

Instruction Steps for the Student Filing this Petition Form:

- STEP 1:** Work with your course instructor(s) regarding alternative final exam dates and times. You will need your instructor's approval for each final exam change
- STEP 2:** Carefully complete the form below. Make sure to obtain all your instructors' signatures for approval
- STEP 3:** Sign and date the form. Your electronic signature certifies acceptance of responsibility for the accuracy of all information submitted on this form
- STEP 4:** Email the completed form to the **Office of the University Registrar** (registrar@mountunion.edu) by the deadline (see below)

Please Note:

- *This form is a petition for requesting to take a final exam on a different date/time than the DESIGNATED exam date and time that is located on the University Final Exam Schedule (posted on the Office of the University Registrar webpage)*
- *Approval for taking an exam on a different date/time other than the designated exam date and time must be granted through the Academic Policies Committee (APC)*
- *The student must acquire all the required instructor signatures of approval on the form*
- *This form must be submitted electronically by the student to the Office of the University Registrar (see email address above) **no later than 5 p.m. on Friday in the 12th week of the semester**; failure to meet this deadline will result in the student's petition being denied*
- *This form is not required when students desire to take a final exam in another section of the same course being taught by the same instructor with the instructor's approval*

Petition Form for Changing Final Exam Dates/Times

Student: Refer to the Instruction Steps on the cover page of this form.

I. Please complete this section **ONLY** if you are petitioning for a change in final exam dates and times **because you have three (3) final exams scheduled within a 24-hour period.**

Course 1 Number: _____ Course 1 Instructor: _____

Course 1 Scheduled Exam Date and Time: _____

Proposed New Exam Date & Time: _____ Signature – Instructor Approval: _____

Course 2 Number: _____ Course 2 Instructor: _____

Course 2 Scheduled Exam Date and Time: _____

Proposed New Exam Date & Time: _____ Signature – Instructor Approval: _____

Course 3 Number: _____ Course 3 Instructor: _____

Course 3 Scheduled Exam Date and Time: _____

Proposed New Exam Date & Time: _____ Signature – Instructor Approval: _____

II. Please complete this section **for all other reasons in requesting a change in final exam dates and times.**

Course# _____ Instructor's Name: _____

Scheduled Exam Date & Time: _____

REASON FOR REQUESTING THE CHANGE: _____

Proposed New Exam Date & Time: _____ Signature – Instructor Approval: _____

Click here to add more final exam course petitions

Student's Name (Please Type)

Student ID #

Student's Signature

Date

Course# _____ Instructor's Name: _____

Scheduled Exam Date & Time: _____

REASON FOR REQUESTING THE CHANGE: _____

Proposed New Exam Date & Time: _____ Signature – Instructor Approval: _____

Course# _____ Instructor's Name: _____

Scheduled Exam Date & Time: _____

REASON FOR REQUESTING THE CHANGE: _____

Proposed New Exam Date & Time: _____ Signature – Instructor Approval: _____

Course# _____ Instructor's Name: _____

Scheduled Exam Date & Time: _____

REASON FOR REQUESTING THE CHANGE: _____

Proposed New Exam Date & Time: _____ Signature – Instructor Approval: _____

Course# _____ Instructor's Name: _____

Scheduled Exam Date & Time: _____

REASON FOR REQUESTING THE CHANGE: _____

Proposed New Exam Date & Time: _____ Signature – Instructor Approval: _____