

The University of Georgia
Office of the Vice President for Instruction

PETITION FOR FINAL EXAMINATION CHANGE

NAME _____

810 # _____ PHONE # _____

E-MAIL ADDRESS _____

I have three (3) examinations scheduled within a twenty-four (24) hour period as indicated below:

Date of Exam	Time of Exam	Course ID	Daily Class Period	Instructor

I have two (2) examinations scheduled at the same time as indicated below:

Date of Exam	Time of Exam	Course ID	Daily Class Period	Instructor

I certify that the above information is correct.

Signature _____

Date _____

Take this completed petition with a copy of the final exam schedule to the instructor to request rescheduling of the exam. If you have a mass exam, it should be rescheduled first. If you have any questions, call the Office of Curriculum Systems at (706)542-6358.