

University of Georgia
Office of 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 the Registrar at (706) 542-4040.