Petition to Request Alternate Scheduling for an Area Exam

Student Name:	UID:
Major Advisor:	Area Exam #:
Faculty Member Supervising Area Exam	
72-hour format but not to exceed one week) for o t Graduate Handbook section on Area Examination petitions will not be considered to accommodate	ns before making this request. Please note that work schedules, delays due to illness, or for formal modations. Rather, petitions for alternate scheduling
Please describe the alternate schedule (including explanation about why you are requesting it:	verification of hours spent) and provide a brief
<u> </u>	or of Graduate Studies by the following deadlines, so uest: September 15 (fall/January term), February 15
Student Signature and Date	Major Advisor Signature and Date
Faculty Supervising Exam Signature and Date	DGS Signature and Date
	(On Rehalf of Graduate Committee)

Version: 10/20/23