

# NORTHERN ILLINOIS UNIVERSITY COLLEGE OF LAW

## *Student Petition to Change a Scheduled Exam*

**General Instructions:** Please complete and sign Part I and submit the petition to the Associate Dean for Student Affairs *after* consulting Section 5.4 of the Student Handbook for applicable procedures and policies. Please type or print the requested information legibly.

**Part I:** Student Name \_\_\_\_\_

Exam No. \_\_\_\_\_ Phone No. \_\_\_\_\_ E-mail address: \_\_\_\_\_

Exam requested to be rescheduled: \_\_\_\_\_ Course No. \_\_\_\_\_ Section No. \_\_\_\_\_

Name of Professor: \_\_\_\_\_ Scheduled date/time of exam: \_\_\_\_\_

Date(s) on which I request to take the exam: \_\_\_\_\_

I plan to use ExamSoft for the exam: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason(s) for request: \_\_\_\_\_  
\_\_\_\_\_

**Certification:** By signing this petition, I acknowledge and agree that if my exam is rescheduled, I will not attempt to gain, and will refuse to accept, any information about the exam from any student who has already taken it, and I will not disclose any information about the exam to any student who takes the exam after I do.

\_\_\_\_\_  
Student's Signature Date

**Part II:** This petition is approved \_\_\_\_\_ denied \_\_\_\_\_.

Date and time of rescheduled exam, if applicable: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Associate Dean's Signature Date