

The 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.**