



PETITION TO CHANGE The Final Examination Schedule

Instructions:

- (1) Provide ALL of the information needed for section A,B, & C. Please print NEATLY.**
- (2) Students list with their signatures must be attached in this form.**
- (3) After the approval of the change request, (a) the original copy must be given to the course instructor to inform the students of the change, (b) one copy to the Registration Office, and (c) one copy to the Chairman of the Examination Control Committee to inform the concerned invigilator(s) & the ECC members.**

NOTE :

- New Final Examination should be within the approved examination period.

- Section A. -

Course Code	FROM (Examination Schedule)				TO (Examination Schedule)			
	Day	Time	Date	Location	Day	Time	Date	Location

- Section B. -

Reason(s) for changing the final examination schedule:

Instructor's Name:				Signature:			Date:	
PSU e-mail address:				Mobile Number:				

- Section C. -

***This request must be signed by the following Officials ***

Department's Approval:		
Name:		Date:
Signature:		

Examination Control Committee's Approval:		
Chairman:		Date:
Signature:		

Deanship of Admissions & Registration's Approval:		
Name:	Dr. Abdulaziz S. Al-Sehibani	Date:
Signature:		

Vice President for Academic Affairs:		
Name:	Dr. Abdel Hafeez Feda	Date:
Signature:		