

## International School

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### MULTIPLE PETITION FORM

**To be completed by student:**

Student's Name: \_\_\_\_\_ U. of Haifa ID Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date: \_\_\_\_\_

*Check only one statement below.*

*A separate form must be completed for each course and/or action requested.*

\_\_\_\_\_ I would like to leave the University of Haifa early on the following date: \_\_\_\_\_.  
I understand that it is my responsibility to arrange for a proctor from my home university to give me my exams within one week of returning to my home country, and that I must provide the International School with the proctor's contact information prior to my departure. **THIS FORM, SIGNED BY ALL LECTURERS (ON THE NEXT PAGE), MUST BE RETURNED TO THE INTERNATIONAL SCHOOL OFFICE WITHIN TWO WEEKS OF THE START OF THE SEMESTER. NON-COMPLIANCE MAY RESULT IN THE EARLY DEPARTURE NOT BEING APPROVED.**

\_\_\_\_\_ I would like to begin the upcoming semester late on the following date: \_\_\_\_\_.

\_\_\_\_\_ I would like to appeal my grade on \_\_\_\_\_ final exam, or \_\_\_\_\_ final paper in the following course: \_\_\_\_\_ (name of course)  
\_\_\_\_\_ (name of faculty member).

**The reasons for this are stated below.**

I understand that the appeal process may result in my exam/paper receiving a lower grade.

I understand that the decision on the appeal is final.

Follow-up appeals will not be allowed.

**THIS FORM MUST BE RECEIVED BY THE INTERNATIONAL SCHOOL OFFICE  
NO LATER THAN TWO WEEKS FROM STUDENT'S RECEIPT OF FINAL PAPER.**

\_\_\_\_\_ Other (please explain below)

Provide reasons and details below for above requested petition and affix supporting documentation if necessary:

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I hereby certify that the above information is correct and I petition for the action specified above. It is my responsibility to obtain all required signatures. I understand that this petition will not be considered until it is complete, and the official date of the petition will be the date of the Academic Head's signature.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by all faculty members in case of early departure from program:**

I agree to the above requested change to the status of this student in my course.

Lecturer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lecturer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lecturer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lecturer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lecturer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lecturer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by instructor in the case of grade appeal:**

The appeal was not accepted. \_\_\_\_\_ The appeal was accepted. \_\_\_\_\_

New grade exam/paper: \_\_\_\_\_ New final course grade: \_\_\_\_\_

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by administration (for all circumstances except Appeal):**

Action Taken:

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Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_