

## **Multiple Petition Form**

To be completed by student:	
Student's Name:	U. of Haifa ID Number:
E-mail Address:	Date:
Check <u>only one</u> statement below.	
A separate form must be completed for each c	course and/or action requested.
I would like to leave the University of	f Haifa early on the following date:
exams within one week of returning to my ho with the proctor's contact information prior to LECTURERS (ON THE NEXT PAGE), MU	ange for a proctor from my home university to give me my me country, and that I must provide the International School my departure. THIS FORM, SIGNED BY ALL ST BE RETURNED TO THE INTERNATIONAL F THE START OF THE SEMESTER. NON-COMPLIANCE RE NOT BEING APPROVED.
I would like to appeal my grade on	final exam, or final paper for
the following course:	·
The reasons for this appeal are state I understand that the appeal process ma	d below.  ay result in my exam/paper receiving a lower grade.
I understand that the decision on the ap	ppeal is final.
Follow-up appeals will not be allowed.	
THIS FORM MUST BE RECEIVED BY TH THAN TWO WEEKS FROM STUDENT'S F	E INTERNATIONAL SCHOOL OFFICE NO LATER RECEIPT OF FINAL PAPER.
Other (please explain below)	
Provide reasons and details below for requeste	ed petition and affix support documentation if necessary:
responsibility to obtain all required signatures	correct and I petition for the action specified above. It is my s. I understand that this petition will not be considered until tion will be the date of the Academic Head's signature.
Student Signature:	Date:





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

I agree to the above request:	
Course Name:	
Lecturer's signature:	Date:
Course Name:	
Lecturer's signature:	Date:
Course Name:	
Lecturer's signature:	Date:
Course Name:	
Lecturer's signature:	Date:
Course Name:	
Lecturer's signature:	Date:
To be completed by instructor in the case	e 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 a	all circumstances except Appeal):
Action Taken:	
Academic Advisor's Signature:	Date:
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