

Petition for Make-up Examinations: (print all information neatly).

Student's Name: _____

School: _____ Course: _____

Student HUID: _____

Reason for absence from examination:

Student Signature: _____

Address: _____

Telephone: _____

Email Address: _____

Instructor's Signature: _____ Date: _____

Authorized Signature*: _____ Date: _____

*The Authorized Signature for GSAS degree candidates is the student's Department Chair or DGS. For Special Students the Director of the Special Student Program must sign the petition. For students cross-registering from another school or Harvard faculty, the registrar of the home school or institution must sign the petition.

Return completed petitions to exams@fas.harvard.edu and contact the FAS Exams Office with any questions at 617-495-1542.