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| PETITION FOR MISSED TERM WORK FORM (MBA ONLY)To: The Student Experience Office (RJC 333) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Name: Student Number: \_\_\_\_ \_\_\_\_\_\_\_\_\_Student’s Email: Program that the student is currently enrolled in:Full Time Part Time Co-op  |
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| STUDENT TO COMPLETE |

**Supporting Documentation must be attached to all petitions.** **\*\* Weight of missed work must be worth 10% or more.**

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| **Course Code** | **Term (Fall/Winter/Spring)** | **Instructor** | **Academic Work Missed** | **Dates Missed** | **\*\* Weight** |
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Reason for missed work: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please Note: This form is intended for missed course work only. An Application for Deferred MBA Final Examination form must be completed for missed FINAL exams.* All petitions must be accompanied by supporting documentation.
* Students are limited to a maximum of 3 medical certificates per academic year after which the student must meet with the MBA Program Director.

Student’s Signature: Date:  |
| FOR OFFICE USE ONLY Approved DeclinedAuthorizing Signature: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Original in Student File Copy in Missed Work File Professor notified of petition approval |