



Late Work Petition

Office of Academic Affairs

This form is for students who have experienced a situation such as extended hospitalization or death in immediate family.

STUDENT TO COMPLETE

First Name: Last Name: Student ID:

E-mail Address: Phone number:

Degree Program: Course No. and Title:

Year: Session: Instructor's Name:

Student Signature: Date:

Signature required

Directions: Student is to email petition (Use page 2 for further explanation) to instructor using UC student account. Supporting documentation must also be provided substantiating reason for petition. Student is responsible for notifying the instructor when work has been resubmitted if petition is approved.

*Please refer to the Late Work Policy in the Academic Policy Section of the UC catalog.

INSTRUCTOR TO COMPLETE

Assignment(s) and new deadline(s):

Comments:

Instructor Signature: Date:

Signature required

Directions: Instructor to forward to respective Assistant Dean

ASSISTANT DEAN TO COMPLETE

Assistant Dean's Signature:

Date:

Signature required

Approved Denied Comments:

Directions: Assistant Dean to distribute to E-learning and Instructor when complete. Instructor is then to return completed petition form to student.

Please provide a detailed explanation for the submission of this petition: