

### **student activity petition form**

Exam and Assignment Make-up Request

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Classification: | Choose an item. |
| Reason for Absence: | *Name of conference:* Click or tap here to enter text. |
| *Location of conference* Click or tap here to enter text. |
| *Date requesting FROM* Click or tap to enter a date. *and TO* Click or tap to enter a date. |

Requesting Travel Scholarship: Yes [ ]  No [ ]   **Type of conference:**  Virtual [ ]  In-person [ ]

|  |  |  |
| --- | --- | --- |
| **Exam/Class Assignment** | **Make-up Dates** | **Professor Signature & Date** |
| Click or tap here to enter text. | Click or tap to enter a date. |  |
| Click or tap here to enter text. | Click or tap to enter a date. |  |
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| Click or tap here to enter text. | Click or tap to enter a date. |  |

|  |  |
| --- | --- |
| Student Signature: |  |
|   |  Date  |
| Faculty Sponsor Signature: |  |
|   |  Date |

DO NOT WRITE BELOW THIS LINE

|  |  |
| --- | --- |
|  |  |
| Event Coordinator’s Signature: |  |
|   |  Date  |
| Dean/Director Signature: |  |
|   |  Date  |

This form is available on the College of Pharmacy webpage: <https://www.uh.edu/pharmacy/about-us/policies-and-procedures/>

Complete form and have faculty sponsor sign and date form prior to obtaining signatures of instructors. Submit the completed form to the Program Coordinator Health 2, Rm 3044 or via studenttravel@uh.edu prior to your departure. Signing this form indicates that the student understands that the student is responsible for all work (assignments, exams, quizzes, skills program, etc.) missed as a result of an absence. Please submit proof of attendance to a professional meeting to your Student Organization Advisor.