MULTIPLE PETITION FORM

To be completed by student:

Student's Name: __________________________  U. of Haifa ID Number: _____________

E-mail Address: __________________________  Date: __________________________

Check only one statement below.
A separate form must be completed for each course and/or action requested.

____ I would like to leave the University of Haifa early on the following date: __________.
I understand that it is my responsibility to arrange for a proctor from my home university
to give me my exams within one week of returning to my home country, and that I must
provide the International School with the proctor's contact information prior to my
departure. **THIS FORM, SIGNED BY ALL LECTURERS (ON THE NEXT PAGE),
MUST BE RETURNED TO THE INTERNATIONAL SCHOOL OFFICE WITHIN TWO
WEEKS OF THE START OF THE SEMESTER. NON-COMPLIANCE MAY RESULT
IN THE EARLY DEPARTURE 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 stated below.**
I understand that the appeal process may result in my exam/paper receiving a lower grade.
I understand that the decision on the appeal is final.
Follow-up appeals will not be allowed.
**THIS FORM MUST BE RECEIVED BY THE INTERNATIONAL SCHOOL OFFICE
NO LATER THAN TWO WEEKS FROM STUDENT'S RECEIPT OF FINAL PAPER.**

____ Other (please explain below)

Provide reasons and details below for requested petition and affix support documentation if
necessary:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I hereby certify that the above information is correct and I petition for the action specified above.
It is my responsibility to obtain all required signatures. I understand that this petition will not be
considered until it is complete, and the official date of the petition 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:

Abba Hushi Blvd 1, Mount Carmel, Haifa 3478601, Israel  3478601
Tel: 972 4 8240766  Fax: + 972 4 8240391
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 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 all circumstances except Appeal):

Action Taken: ____________________________

______________________________________

Academic Advisor's Signature: ____________________________  Date: __________