

### **student activity petition form**

Exam and Assignment Make-up Request

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| --- | --- |
| 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](mailto: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.