Examination Time Conflict Request

This form should be used for exam time conflicts and religious observance accommodations ONLY.
DO NOT CONTACT YOUR PROFESSOR ABOUT ANY EXAM SCHEDULING ISSUES.

NAME: __________________________________________________ DATE: ____________________

STUDENT DIVISION: ___________________  ACADEMIC SEMESTER: ________________

CELL NUMBER: ___________________  EMAIL: _______________________

Requests must be returned to the Law School Registrar’s Office by the due date determined for each semester. Your request does not guarantee an exam change. Authority to grant/deny emergency requests resides with the Law School Registrar.

EXAMINATIONS TO BE RESCHEDULED:

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<th>EXAM DATE</th>
<th>EXAM TIME</th>
<th>COURSE NAME</th>
<th>PROFESSOR</th>
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Once a decision has been made, you will be informed by the Law School Registrar’s Office of your rescheduled day and time.

Departmental use only (Do not write below)

☐ Approved

The following arrangements have been made:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________  _________________________________________

11/4/15