

- For rescheduled examinations, report to room A-212 at least 15 minutes before the times given.
- For all other examinations, report to the rooms at the times given by the Office of the Registrar.

## REQUEST FOR RESOLUTION OF EXAMINATION CONFLICT

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Year in School: \_\_\_\_\_ Section: \_\_\_\_\_

Name of Student: \_\_\_\_\_ ID#: C\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### SCHEDULE OF ALL COURSES IN WHICH YOU ARE CURRENTLY ENROLLED:

| Name of ALL COURSES and Section | Professor | Exam Date | AM - PM |
|---------------------------------|-----------|-----------|---------|
| _____                           | _____     | _____     | _____   |
| _____                           | _____     | _____     | _____   |
| _____                           | _____     | _____     | _____   |
| _____                           | _____     | _____     | _____   |
| _____                           | _____     | _____     | _____   |
| _____                           | _____     | _____     | _____   |
| _____                           | _____     | _____     | _____   |
| _____                           | _____     | _____     | _____   |

**WILL YOU BE USING A LAPTOP?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

*It is the responsibility of the student to check with the Office of the Dean of Students in order to be informed as to the disposition of this request. Please check all that apply:*

\_\_\_\_\_ I have three exams on three consecutive days.

\_\_\_\_\_ I have two exams on the same day. Indicate the period that applies: \_\_\_\_\_ morning/morning  
 \_\_\_\_\_ morning/afternoon \_\_\_\_\_ afternoon/afternoon \_\_\_\_\_ afternoon/evening

\_\_\_\_\_ I have four exams in five consecutive days.

\_\_\_\_\_ I have special exam needs that require your personal attention. **(Explain on back)**



