REQUEST TO RESCHEDULE EXAM

Student (print name): ________________________________
Law ID #: ____________________  Semester (circle and complete): Fall / Spring 20____

List your complete exam schedule below in order of occurrence:

<table>
<thead>
<tr>
<th>Course</th>
<th>Day</th>
<th>Date</th>
<th>Time of Exam</th>
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Reason for Request: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

NOTE: Absent a direct conflict between two exams or a compelling personal concern, in order to reschedule an exam, JD students must have three (3) exams in 36 hours, and LLM students must have two (2) exams in 24 hours.
____________________________________________________________________________

TO BE COMPLETED BY ASSOCIATE/ASSISTANT DEAN FOR STUDENT AFFAIRS:

Exam to be rescheduled (course): _______________________________________________
New Day: ______________  Date: ______________  Time: ______________
Comments:
____________________________________________________________________________

Signature of Associate or Assistant Dean of Student Affairs (required)  Date

Submit completed form to the Office of Student Affairs (Room 2007).