



Office of the Registrar/Student Records
Room 2027
919-613-7027
Registrar_Office@law.duke.edu

REQUEST TO RESCHEDULE EXAM

Student (print name): _____

Student ID #: _____ Semester (circle and complete): Fall / Spring 20_____

List your **complete** exam schedule below in **order of occurrence**:

| <i>Course</i> | <i>Day</i> | <i>Date</i> | <i>Time of Exam</i> |
|---------------|------------|-------------|---------------------|
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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 THE REGISTRAR'S OFFICE:

Exam to be rescheduled (course): _____

New Day: _____ Date: _____ Time: _____

Comments:

Signature of Associate or Assistant Dean of Academic Affairs
(required)

Date

SUBMIT COMPLETED FORM TO THE REGISTRAR'S OFFICE (ROOM 2027)