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**:  

<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 THE REGISTRAR’S OFFICE:**

Exam to be rescheduled (course):  ______________________________________________________

New Day:  ________________  Date:  ________________________  Time:  ________________

Comments:

____________________________________________________________________________________

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

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