

EXAM RESCHEDULE REQUEST FORM

(Requests due to the Law Registrar no later than two weeks prior to the first day of exams or an early exam)

Name of Student: _____

List ALL exams currently scheduled (include date/time):

List ALL exams requesting to be rescheduled (and suggest a reschedule date/time that is after the current schedule date/time):

Reason for reschedule request (check one):

1. Two exams on one day _____
2. Three exams in three consecutive days _____
3. Four exams in five consecutive days _____
4. Other, please explain _____

Please note: Students who have six final exams cannot be provided relief due to the limited number of exam days. Efforts will be made, however, to distribute the six exams so as to avoid three in a row.

Action Taken:

Law Registrar Signature

Date