



**EXAM CONFLICT FORM**

An exam conflict exists when you have two or more exams scheduled within a 24-hour period. Take-home exams do not constitute a conflict. All requests to reschedule an exam due to a conflict must be submitted to the Registrar's Office by the deadline date stated on the Academic Calendar. The exam(s) to be rescheduled will be selected by and rescheduled to a time chosen by the Associate Dean.

Student's Name: \_\_\_\_\_ ID # \_\_\_\_\_

Reason(s) for rescheduling:

\_\_\_\_\_ Two exams are scheduled within a 24-hour period. Please list the exams:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other (please explain fully):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEMESTER:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_

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**Registrar's Response:**

\_\_\_\_\_ Your request to reschedule your \_\_\_\_\_ exam has  
been approved and has been rescheduled to \_\_\_\_\_.

\_\_\_\_\_ Your request to reschedule your \_\_\_\_\_ exam has not been  
approved for the following reason(s):

**REGISTRAR'S SIGNATURE:** \_\_\_\_\_

Other: \_\_\_\_\_