Conflict In Examinations

If you have two in-class exam that have starting times within 23 hours of each other (ex. 6 p.m. one day and 5 p.m. the following day) or if you have three in-class exams in three calendar days then you should use this form to request an adjustment in your exam schedule. Please note: All exams must be taken after the original date of the exam.

Date: __________________________
Name: ___________________________ ID #: __________________
Phone Number: ________________________ Exam #: __________________

Current Complete Exam Schedule:

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<tr>
<th>Exam:</th>
<th>Instructor:</th>
<th>Exam Date:</th>
<th>Time:</th>
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Requested Exam to be Rescheduled:

Exams: ___________________________ Instructor: ___________________________

You will receive an email from Student Services instructing you of your new exam date and time.

Office use only

Exam Make-up Schedule

Date of Exam: ________ Time of Exam: ________ Length of Exam: ________ Exam Room: ________

Assistant to the Dean of Students

Note: Students taking rescheduled examinations should be advised that all possible steps are taken by the Student Services Office to preserve anonymity for grading purposes.

Please return your completed form to the Student Services Office, Room 119.

Last updated December, 2015

mitchellhamline.edu